



Last Reviewed: 04/01/2025

## TPO LIMITED REVIEW CONDO PROJECT QUESTIONNAIRE

PLEASE COMPLETE ALL QUESTIONS BELOW:

Project Name:	HOA Name:
Subject Address:	HOA Tax ID#:

1. Complete the following table. "Units for Sale" applies to units currently owned by the developer.

	Entire Project	Subject Phase
Total # of Units		
# of Units for Sale		
# of Units Sold and Closed		
# Developer-Owned Units		
# HOA-Owned Units		

2. Is the project 100% complete, including construction or renovation of units, common elements, and shared amenities for all project phases? Yes ☐ No ☐
3. Has the developer transferred control of the HOA to the unit owners? Yes ☐ No ☐
- a. If yes, date transferred \_\_\_\_\_ If no, estimated date of transfer will occur \_\_\_\_\_
- b. Monthly HOA dues range from \$ \_\_\_\_\_ to \$ \_\_\_\_\_
4. Is the project a conversion? Yes ☐ No ☐
- a. If yes, what year was the conversion? \_\_\_\_\_
- b. If yes, was it a full gut conversion (down to the studs)? Yes ☐ No ☐
5. What is the maximum number of units owned by a single entity? \_\_\_\_\_
- a. If a single entity owns more than 20% of units, supply the following information:
- i. Is the entity current on HOA dues? Yes ☐ No ☐
- ii. If yes, is the subject unit one of the units owned by a single entity? Yes ☐ No ☐
6. Is the HOA involved in any active or pending litigation? Yes ☐ No ☐
- a. If yes, is the litigation relating to matters other than collection of outstanding HOA dues? Yes ☐ No ☐
- i. If yes, for all other matters, please supply filed complaint with narrative detailing the current status of the suit.
7. How many units are 60+ days delinquent on HOA dues? \_\_\_\_\_
8. Are there any adverse environmental factors affecting the project as a whole? Yes ☐ No ☐
- a. If yes, please explain \_\_\_\_\_
9. Are there any restrictions on the transferability of title that affect future sales? (i.e., age restriction, right of first refusal, low/moderate income units) Yes ☐ No ☐
- a. If yes, please list what type of restriction applies \_\_\_\_\_
- b. If yes, is the subject unit impacted? Yes ☐ No ☐

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# UNIONHOME MORTGAGE

	YES	NO
10. Is the project on leased land? If yes, please provide the leasehold agreement.	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the HOA require payment of mandatory upfront and/or periodic membership fees to a third party?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the project have any hotel/motel/resort activities, mandatory or voluntary rental-pooling arrangements, or other restrictions on the unit owner's ability to occupy their unit?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do the unit owners have sole ownership interest and the right to use the project's amenities, facilities, and common areas?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the project contain Multi-Dwelling Unit Condos? (single legal individual UNIT that has been divided into multiple residential units and has one deed/one mortgage)	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the project operate as a Continuing Care Community or Facility?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do legal documents allow for live/work units? (Permitting individual residential unit owners to operate and run a small business from their residential unit)	<input type="checkbox"/>	<input type="checkbox"/>
16.a. If yes, is the live/work unit primarily residential?	<input type="checkbox"/>	<input type="checkbox"/>
16.a.i. If yes, does the project comply with all applicable local zoning, program, or statutory requirements for live-work projects?	<input type="checkbox"/>	<input type="checkbox"/>

17. For how many months is the lender liable for delinquent assessments in the event of foreclosure or deed-in-lieu of foreclosure?

☐ 0-6 Months ☐ 7-12 months ☐ 12+ months

18. Is any part of the project used for commercial/non-residential purposes? Yes ☐ No ☐

a. If yes, list the percentage and nature of the commercial space:

\_\_\_\_\_

19. Is the HOA professionally managed? Yes ☐ No ☐

a. If yes, Managing Agent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

20. Supply the project's insurance agent name and phone number:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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## BUILDING SAFETY, SOUNDNESS, STRUCTURAL INTEGRITY, AND HABITABILITY

The questions below are NOT requesting HOA/Management Company to provide an independent evaluation of structural safety/soundness. Responses should be based on current knowledge of the project.

Please provide the date (month\_\_\_\_\_ / year\_\_\_\_\_) of the last Building inspection that was completed by a licensed architect, licensed engineer, or any other building inspector.

### A COPY OF ANY BUILDING INSPECTION REPORTS COMPLETED WITHIN THE LAST 3 YEARS IS REQUIRED.

If yes or no answers are not provided to questions 28-37 below, please provide:

- The most recent 6 months of meeting minutes, OR
- The Reserve Study completed within the last 36 months.

21. Does the project have any critical repairs or replacements that significantly impact the safety, soundness, structural integrity, or habitability of the project's building, or the financial viability or marketability of the project? Yes ☐ No ☐
  - a. If yes, have recommended repairs/replacements been completed? Yes ☐ No ☐
22. Does the project have material deficiencies which, if left uncorrected, have the potential to result in or contribute to critical element or system failure within one year? Yes ☐ No ☐
23. Has the project failed to pass state county or jurisdictional mandatory inspections or certifications specific to structural safety, soundness, or habitability Yes ☐ No ☐
  - b. If yes, provide notice from the applicable jurisdictional entity.
24. Does the project contain any mold, water intrusion, or potentially damaging leaks? Yes ☐ No ☐

Does the project contain any advanced physical deterioration? Yes ☐ No ☐ If yes, please describe: \_\_\_\_\_
25. Are there any unfunded repairs? (Unfunded: HOA does not currently have the funds in place either with a loan or a special assessment.) Yes ☐ No ☐
  - c. If yes, what is the total cost of the unfunded repairs? \$\_\_\_\_\_
26. Is the project subject to a partial or total evacuation order due to unsafe conditions that have not been remediated? Yes ☐ No ☐
27. Has the HOA had a reserve study completed on the project within the past 3 years? Yes ☐ No ☐
28. Are there any current special assessments unit owners are obligated to pay? Yes ☐ No ☐
  - d. If yes:
    - i. What is the total amount of the special assessment(s)? \$\_\_\_\_\_
    - ii. Are the per unit payment terms of the special assessment: Monthly ☐, or Quarterly ☐, or Annually ☐
    - iii. What is the purpose of the special assessments? \_\_\_\_\_
    - iv. Is the special assessment for critical repairs? Yes ☐ No ☐
    - v. If yes, are the repairs complete? Yes ☐ No ☐
    - vi. How many units (if any) are 60+ days past due in special assessment payments? \_\_\_\_\_
    - vii. What is the special assessment balance for the subject unit? \_\_\_\_\_
      - Is it transferrable with the title? Yes ☐ No ☐

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29. Are there any current plans for a special assessment within the next 12 months? Yes ☐ No ☐

e. If yes,

i. What is the total cost of the planned special assessment(s)? \$ \_\_\_\_\_

ii. What are the per-unit payment terms of the special assessment: Monthly ☐, or Quarterly ☐, or Annually ☐

iii. What is the purpose of the special assessments? \_\_\_\_\_

iv. Is the upcoming special assessment for critical repair?

v. If so, are the critical repairs complete? Yes ☐ No ☐

30. Has the HOA obtained any loans to finance improvements or deferred maintenance? Yes ☐ No ☐

f. Please specify the repair/improvement items the loan was secured for.

g. Are any residents expected to be displaced as a result of the repair/improvement item? Yes ☐ No ☐

h. What is the amount borrowed? \$ \_\_\_\_\_

i. What are the terms of repayment? \_\_\_\_\_

## Additional Comments:

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## Contact Information:

Name of Preparer: \_\_\_\_\_

Title of Preparer: \_\_\_\_\_

Preparer's Phone: \_\_\_\_\_

Preparer's Email Address: \_\_\_\_\_

Preparer's Company Name: \_\_\_\_\_

Preparer's Company Address: \_\_\_\_\_

Date Completed: \_\_\_\_\_

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