

Questionnaire for Project Waiver Reviews Form 1070

PROJECT LEGAL NAME: _____		
HOA Name: _____		
Borrower Name: _____	Loan Number: _____	
Property Address: _____		Unit # _____
City: _____	State: _____	Zip Code: _____

- 1) Are there any special assessments ongoing or planned? _____ Yes _____ No
1. If yes, what is the reason for the special assessment? _____
 2. What is the amount of the special assessment? \$ _____
 3. When will the special assessment be paid in full? _____
 4. If the special assessment relates to repairs within the project, have those repairs been fully completed? _____ Yes _____ No
- 2) Does the association have any reports regarding deferred maintenance? _____ Yes _____ No
- If yes, please provide copy of the report.
- 3) Has the project received directions from a regulating or inspection agency to make repairs due to unsafe conditions? If Yes, provide documentation provided by said agency. _____ Yes _____ No
- 4) If a unit is foreclosed or taken back by deed in lieu of foreclosure, is the mortgagee responsible for HOA dues? If yes, for how long? _____ Yes _____ No
- _____ 0-6 months _____ 7-12 months _____ more than one year
- 5) Does the master HAZARD/DWELLING policy cover the interior of the units - _____ Yes _____ No
- (including walls, flooring, cabinetry)?
- 6) Does the master HAZARD/DWELLING policy cover BETTERMENTS & IMPROVEMENTS _____ Yes _____ No
- 7) Is page 2 of the questionnaire attached as is required for all project review waivers except those for a detached condo or a 2-4 unit condo project? _____ Yes _____ No

Insurance Information (Do Not Enter "Contact Agent")		
Carrier or Agent Name	Carrier Phone Number	Policy #:
Hazard _____	_____	_____
Liability _____	_____	_____
Fidelity _____	_____	_____
Flood _____	_____	_____
Wind _____	_____	_____
Hail _____	_____	_____

Name of Condo Association or Management Company representative	Title
Signature of Representative providing information	Phone Number
Date	Website Address of Association

By signing, you're certifying the information to be accurate and true

Building Safety, Soundness, Structural Integrity, and Habitability

Project Name:	Project Address:	Unit No: _____
Name of Preparer:	Company Name:	
Title of Preparer:	Company Street Address:	
Preparer's Phone:	Company City, State	
Date Completed:	Preparer's Email:	

1	When was the last building inspection by a licensed architect, licensed engineer, or any other building inspector?	Date: _____	
2	Did the last inspection have any findings related to the safety, soundness, structural integrity, or habitability of the project's building(s)?	Yes	No
	2a. If Yes, have recommended repairs/replacements been completed?	Yes	No
	If the repairs/replacements have not been completed: 2b. What repairs or replacements remain to be completed?		
	2c. When will the repairs/replacements be completed?		
3	HOA to provide a copy of the inspection and HOA or cooperative board meeting minutes to document findings and action plan. (6 months required)	Attached	N/A
	Is the HOA/Cooperative Corporation aware of any deficiencies related to the safety, soundness, structural integrity, or habitability of the project's building(s)?	Yes	No
	3a. If Yes, what are the deficiencies?		
	3b. Of these deficiencies, what repairs/replacements remain to be completed?		
4	3c. Of these deficiencies, when will the repairs/replacements be completed?		
	Are there any outstanding violations of jurisdictional requirements (zoning ordinances, codes, etc.) related to the safety, soundness, structural integrity, or habitability of the project's building(s)?	Yes	No
	If Yes, provide notice from the applicable jurisdictional entity.	Attached	N/A
5	Is it anticipated the project will, in the future, have such violation(s)?	Yes	No
	If Yes, provide details of the applicable jurisdiction's requirement and the project's plan to correct the violation.	Attached	N/A
6	Does the project have a funding plan for its deferred maintenance components/items to be repaired or replaced?	Yes	No
7	Does the project have a schedule for the deferred maintenance components/items to be repaired or replaced?	Yes	No
	If Yes, provide the schedule.		
8	Has the HOA/Cooperative Corporation had a reserve study completed on the project within the past 3 years? If so, When? _____	Yes	No
9	What is the total of the current reserve account balance(s)?	\$ _____	
10	Are there any current special assessments unit owners/cooperative shareholders are obligated to pay? If Yes:	Yes	No
	10a. What is the total amount of the special assessments?	\$ _____	
	10b. What are the terms of the special assessments?		
	10c. What is the purpose of the special assessments?		
11	Are there any planned special assessments that unit owners/cooperative shareholders will be obligated to pay? If Yes:	Yes	No
	11a. What will be the total amount of the special assessments?	\$ _____	
	11b. What will be the terms of the special assessments?		
	11c. What will be the purpose of the special assessments?		
12	Has the HOA obtained any loans to finance improvements or deferred maintenance?	Yes	No
	12a. Amount borrowed?	\$ _____	
	12b. Terms of repayment?		

Additional Comments:

FNMA/FHLMC require completion of this form for ALL review types

[LL 2021-14](#) and [Bulletin 2021-38](#)