

Condo Full Review Questionnaire- Form 1076

Homeowners' Association (HOA) or Management Company: This form has been sent to you on behalf of an individual seeking mortgage financing to purchase or refinance a unit in this project. We need this information to determine the eligibility of the project for mortgage financing purposes. Complete and return this form by - _____ -.

DATE

Questions about the form should be directed to condodesk@plainscommerce.com

Project Name: _____ Tax ID # (TIN) _____

Borrower Name: _____ Loan Number: _____

Subject Property Address: _____ Unit # _____

City: _____ State _____ ZIP _____

Project Physical Address: _____ Unit/Suite: _____

City #: _____ State: _____ ZIP: _____

HOA Name: _____ Contact Number: _____

HOA Management Address: _____ City: _____ State: _____ Zip: _____

Name of Management Association, if different _____ Contact # if different _____

This project is legally classified as a (check one) : _____ PUD _____ CONDOMINIUM

Does the project allow any of the following? [Check all that apply](#)

- | | | |
|-------------------------------|--|--|
| Hotel/Motel/Resort Activities | Supportive or continuing care for seniors or residents with disabilities | Non-Incidental Income from business operations |
| Manufactured Homes | | Deed or resale restrictions |

Provide Additional clarification or details here:

SECTION 1: Completion and Sales Information

1 What are this unit's HOA Fees? _____

2 What is the total number of units in the entire project? _____

3

4 What is the total number of units sold in the entire project? _____

5 How many total legal phases are planned in the project? _____

6 Is the project subject to any additional phasing or annexation? Yes No

7 Are all phases complete including facilities & common areas and limited common elements? Yes No

8 Describe any incomplete areas: _____

9 Are the Unit Owner's in control of the Home Owner's Association? Yes No

10 Date the Unit Owner's took control of the Home Owner's Association _____ Expected Transfer Date _____

11 Total number of units in the entire project that are occupied as a **PRIMARY RESIDENCE** (DO NOT INCLUDE 2nd HOMES) _____

12 Total number of units in the entire project that are occupied as a **SECOND HOMES** _____

13 Total number of units in the entire project that are **TENANT OCCUPIED** _____

14 Are any owners multiple unit owners? Yes No

If yes, provide complete breakdown of all multiple unit owners AND number of units owned by each in the space below.

SECTION II: SUBJECT Phase (Complete ONLY if the project has more than ONE phase)

15 Which phase # is the subject property or specific unit located in? _____

16 What is the total number of units in the SUBJECT'S phase? _____

17 What is the total number of units sold in the SUBJECT'S phase? _____

18 Total number of units in the SUBJECT'S phase that are occupied as **PRIMARY RESIDENCE** (DO NOT INCLUDE 2nd HOMES) _____

19 Total number of units in the SUBJECT'S phase that are occupied as **SECOND HOMES** _____

20 Total number of units in the SUBJECT'S phase that are **TENANT OCCUPIED** _____

Condo Full Review Questionnaire Form 1076 - Page 2

SECTION III: Project Characteristics & Amenities	
21	Does the subject allow short term rentals? Yes No
22	If yes, Does the project have on-site registration/Check-in Desk, cleaning/maid and or master telephone service(s)? Yes No
23	Is there manufactured housing, timeshare/segmented ownership, houseboat, or cooperative housing units in this project? Yes No
24	Does the project contain one or more units with less than 400 square feet of space? Yes No
25	What PERCENTAGE of the total square footage of the project is used for non-residential or commercial purposes? _____
26	Does the HOA own or operate any business located inside the project? Yes No If yes, Describe business? _____
27	Do any unit owners hold title to multiple units that have been combined into a single living unit? Yes No If yes, Were the project's governing documents amended to allocate unit assessments and real estate taxes as one single unit? Yes No
28	Is the project on leased land? If yes-please attach a copy of the executed lease agreement to this questionnaire. Yes No
29	Are the units separately metered for electricity and gas? Yes No
30	If the units are NOT separately metered for utilities, are plans in place to install separate meters? If so, when? _____
31	Do the unit owners have sole interest & rights to the use of all recreational facilities, common areas & limited common elements? Yes No
32	If yes, Are these common facilities owned solely by the project's HOA and/or Master Association? Yes No
33	Is the project operating as a Continuing Care Community or Assisted Living Facility? Yes No
34	Are owners required to purchase mandatory memberships (golf, social or recreational facilities) owned by any outside party? Yes No If yes, describe in detail below the financial obligation (Upfront and/or annual fees) associated with this mandatory membership. _____
35	Does the project allow units to be leased for less than a 30-day period? Yes No
36	Does the project offer food or cleaning services? Yes No
37	Does the project have a right of first refusal clause in the condominium governing documents? Yes No
38	Are there deed restrictions? Yes No If so, please explain _____
39	Are there mandatory fees for memberships for use of project amenities or services? Yes No
40	Is there a transfer fee? Yes No If so, how much? _____
SECTION IV: Legal and Financial Information	
41	Is the HOA subject to current OR pending litigation with anyone for any reason (regardless of being named plaintiff or defendant)? Yes No
41b	If yes, describe in detail below (Include nature of litigation, dollar amount and if insurance carrier has been engaged. Please describe AND attach any available documentation regarding litigation): _____
42	Are any special assessments planned in the next year? Yes No
42a	If yes, provide purpose of special assessment? _____
42b	If yes, provide the approximate dollar amount to be collected? \$ _____
42c	Approx. Length of time until completed? _____
42d	Provide documents from regulatory agency or inspector regarding the nature of the special assessments _____
42e	Have there been any special assessments in the past 12 months? _____
42f	If yes, describe please describe the purpose of the special assessment: _____
42g	If yes, how many unit owners have paid the assessment? _____
42h	If yes, how many unit owners assessments remain unpaid? _____
43	Current amount in the replacement reserve account (NOT the operating account)? \$ _____
44	Is the reserve account kept separately from the operating account? Yes No
45	Are dual signatures required for check writing? Yes No
46	Does any zoning regulation prohibit or restrict the reconstruction of the project if damaged or destroyed by fire or other casualty?
47	In the event a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, is the mortgagee responsible for paying delinquent common expense assessments? Yes No
47a	If Yes, for how long is the mortgagee responsible for paying common expense Select one: 1 to 6 months 6 to 12 months more than 12 months
48	Is the Project Located in a Super Lien State? Yes No
49	Is the project located in a Condo Act State? Yes No
52	Provide the number of unit owners that are 60 days or more delinquent in their unit dues/assessments. _____
53	What is the total amount of delinquent dues? \$ _____

Condo Full Review Questionnaire Form 1076 - Page 3

SECTION V. Newly Converted or Rehabilitated Project Information

54. Is the project a conversion with the past 3 years of an existing structure that was used as an apartment, hotel/resort, retail or professional business, industrial or for other non-residential use? If yes, complete questions, a-g below:

- a. In what year was the property built? _____
- b. In what year was the property converted? _____
- c. Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of all major mechanical components? _____
- d. Does the report from the licensed engineer indicate that the project is structurally sound, and that the condition and remaining useful life of the project's major components are sufficient? Yes No
- e. Are all repairs affecting safety, soundness and structural integrity complete? Yes No
- f. Are replacement reserves allocated for capital improvements? Yes No
- g. Are the projects reserves sufficient to fund the improvements? Yes No

SECTION VI: Insurance Information (Do Not Enter "Contact Agent")

55	Carrier or Agent Name _____	Carrier or Agent Phone Number _____	Policy #:
	Hazard _____	_____	_____
	Liability _____	_____	_____
	Fidelity _____	_____	_____
	Flood _____	_____	_____
	Wind _____	_____	_____
	Hail _____	_____	_____
	Equipment _____	_____	_____
56	Does the master HAZARD/DWELLING policy cover the interior of the units (including walls, flooring, cabinetry)?		Yes No
57	Does the master HAZARD/DWELLING policy cover BETTERMENTS & IMPROVEMENTS?		Yes No

SECTION VII: Certification of Information

Name of Authorized HOA Officer or Management Company Representative: _____
 Title of HOA Officer or Management Company: _____
 Signature of Authorized HOA Officer or Management Company Representative: _____
 Date Completed: _____ PH #: _____

By signing above, you are certifying the information provided is true and correct.

This completed form with all required condominium documents can be uploaded [here](#).
 Please notify the account manager that the documents have been uploaded.

The following page is also now required per LL 2021-14

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?	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](#)