



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 have any of the following characteristics? CHECK ALL THAT APPLY

Hotel/Motel/Resort Activities	Non-Incidental Income from business operations	Supportive or continuing care for seniors or residents with disabilities
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 What is the total number of units sold in the entire project? _____

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

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

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

7 Describe any incomplete areas: _____

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

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

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

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

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

13 Are any owners multiple unit owners? Yes No

14 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** _____

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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**
- 27 If yes, Describe business? _____
- 28 Do any unit owners hold title to multiple units that have been combined into a single living unit? **Yes** **No**
- 29 If yes, were the project's governing documents amended to allocate unit assessments and real estate taxes as one single unit? **Yes** **No**
- 30 Is the project on leased land? If yes-please attach a copy of the executed lease agreement to this questionnaire. **Yes** **No**
- 31 Are the units separately metered for electricity and gas? **Yes** **No**
- 32 If the units are NOT separately metered for utilities, are plans in place to install separate meters? If so, when? _____
- 33 Do the unit owners have sole interest & rights to the use of all recreational facilities, common areas & limited common elements? **Yes** **No**
- 34 If yes, Are these common facilities owned solely by the project's HOA and/or Master Association? **Yes** **No**
- 35 Is the project operating as a Continuing Care Community or Assisted Living Facility? **Yes** **No**
- 36 Are owners required to purchase mandatory memberships (golf, social or recreational facilities) owned by any outside party? **Yes** **No**
- 37 If yes, describe in detail below the financial obligation (Upfront and/or annual fees) associated with this mandatory membership.

- 38 Does the project allow units to be leased for less than a 30-day? **Yes** **No**
If so, please explain _____
- 39 Are there mandatory fees for memberships for use of project amenities or services?
- 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): _____ Attached
- 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 Attached
- 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? **Yes** **No**
- 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, how long is the mortgagee responsible? Select One
1 to 6 months 6 to 12 months 12 months or longer
- 48 Is the Project Located in a Super Lien State? **Yes** **No**
- 49 Is the project located in a Condo Act State? **Yes** **No**
- 50 Provide the number of unit owners that are 60 days or more delinquent in their unit dues/assessments. _____
- 51 What is the total amount of delinquent dues? \$ _____

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SECTION V. Newly Converted or Rehabilitated Project Information

52. 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")

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

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?		
	HOA to provide a copy of the inspection and HOA or cooperative board meeting minutes to document findings and action plan.	Attached	N/A
3	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?		
	3c. Of these deficiencies, when will the repairs/replacements be completed?		
4	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](#)