

FHA Limited Review Condo Questionnaire

Date:	Loan No.:	Borrower(s):
Project Name:		Phase # (if applicable):
Project Street Address:		City:
State:	Zip Code:	County:
Name of Association / Management Company:		Phone Number:

Please have project management contact answer all questions, sign, and date this form. Your timely response is appreciated.

Project Profile (to be completed by HOA or Management Company)

Year Built	Monthly HOA Dues	Total Units in Project	Primary/Second Home Units	Investor Units	Retained by Developer
☐ Yes ☐ No Are all common elements and amenities completed, including those that are part of any master association?					
☐ Yes ☐ No Is the project complete and not subject to additional phasing?					
☐ Yes ☐ No Does the project include 2-4 family residences secured by one mortgage?					
☐ Yes ☐ No Does the project provide for hotel type services? (e.g., On-site registration desk, room service, HOA provided maid service, etc.)					
☐ Yes ☐ No Does the project provide for mandatory rental pool agreements? (e.g., Agreements that require the unit owners to rent their unit or give management firm control over the occupancy of the unit)					
☐ Yes ☐ No Is the project/association part of any type of pending or current litigation?					
☐ Yes ☐ No Is the project a timeshare?					
☐ Yes ☐ No Is the project a conversion? If yes, was it a full-gut rehabilitation? ☐ Yes ☐ No					
☐ Yes ☐ No When did the conversion occur?					
☐ Yes ☐ No Is more than 25% of the total project space used for nonresidential purposes?					
☐ Yes ☐ No Does any one person own more than 10% of the total project?					
What percentage of units are more than 1-month delinquent on HOA dues? or # of units					
Provide master insurance carrier name and phone number.					
Insurer:			Phone Number:		

Contact and Signature (to be completed by HOA or Management Company)

Company Contact Title		
Phone #:	Fax:	Email:

By signing below, I certify that the information on this form is true and correct to the best of my knowledge.

Signature

Date