ROUNDHOUSE LENDING
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LIMITED REVIEW CONDO QUESTIONNAIRE

Please complete this form in its entirety prior to uploading it into the portal.

GENERAL INFORMATION		
Borrower Name:		
Loan Number:	Date:	
Project Name:	Phase Number:	
PROJECT ADDRESS		
Street:	City:	
State:	ZIP:	County:
SUBJECT PROPERTY ADDRESS		
Street:		Unit #:
City:	State:	ZIP:
ASSOCIATION / MANAGEMENT COMPANY INFORMATION		
Association/Management Company Name:		
Street:	City:	
State:	ZIP:	Phone Number:
HOA Tax ID:		
HOA Management Company Tax ID:		

Condo project management contact to complete the details below. A timely response is appreciated.

PROJECT PROFILE		
Year Built:	Monthly HOA Dues:	
Total # Units in Project:	# Units Not Sold or Conveyed:	
How many units have offsite mailing addresses?		
HOA Master Policy Insurer:	Insurer Phone Number:	
○ Yes	○ No	Are all units, common areas, and amenities complete?
○ Yes	○ No	Is the Project subject to expansion?
○ Yes	○ No	Is the Developer still in control of the Project?
○ Yes	○ No	Is the Project a conversion? If yes, year of conversion?
○ Yes	○ No	Does the Project include more than 35% commercial space?
○ Yes	○ No	Does the Project consist of manufactured homes?
○ Yes	○ No	Does any single entity own more than 20% of the Project?
○ Yes	○ No	Is the HOA involved in ANY pending litigation?
○ Yes	○ No	Is the HOA licensed as a hotel, motel, or hospitality entity?
○ Yes	○ No	Do the legal documents of the HOA restrict the owner's ability to occupy the unit during any part of the year?
○ Yes	○ No	Do the legal documents of the HOA require the property owners to make their unit available for rental pooling?

○ Yes	○ No	Do the legal documents of the HOA require the property owners to share rental profits with the HOA, Management Company, Resort or Hotel Rental Company?

PROJECT PROFILE

○ Yes	○ No	Are there any pending or active special assessments for the project? If yes, please complete the following information:
		Provide a reason for each current and/or pending special assessment(s):
		Total amount assessed:
		Is any amount of the special assessment delinquent? ○ Yes ○ No If yes, what % of total assessment amount is delinquent?
		Amount of special assessment assigned to subject property Unit? What is the special assessment term (duration/frequency)?
○ Yes	○ No	If the pending or active special assessments for the project is related to a repair, please complete the following information:
		Is any portion of the repair funded by the HOA reserves? ○ Yes ○ No
		Does the HOA currently have sufficient reserves to complete all work, regardless of the special assessments? ○ Yes ○ No
		Has it been determined that the amount of the assessment is sufficient to complete the work? ○ Yes ○ No
		Will future assessments be imposed to complete the work? ○ Yes ○ No If yes, please provide details:
○ Yes	○ No	Are there any critical maintenance, material deficiencies, repairs, and/or significant deferred maintenance repairs approved now or planned in the future? If yes, please complete the following information:
		Are the repairs 100% complete and paid in full? ○ Yes ○ No **If yes, you may skip the remaining questions in this section**
		Provide details of the repairs that are incomplete:
		What is the estimated date of completion for the remaining repairs?
		Does the maintenance require full or partial evacuation to complete the repairs for more than seven (7) days or an unknown period of time? ○ Yes ○ No
		Do any unfinished repairs affect the function of any major building components (including but not limited to the foundation, roof, load bearing structures, electrical, plumbing, or HVAC)? ○ Yes ○ No
○ Yes	○ No	Are there any code violations or local government certifications the HOA has not satisfied now or in the last five (5) years? If yes, please complete the following information:
		Provide details of the specific code violation and/or local government certification requirements:
		What is the estimated date of completion for the remaining violations?
		What is the estimated cost of any unfinished repairs?
		When will the building be reinspected to confirm the violations are satisfied?

PROJECT PROFILE		
◯ Yes	◯ No	Has an inspection report or reserve study been obtained for this Project in the last three (3) years? If yes, please provide a copy of the report and any related information.

CONTACT AND SIGNATURE

To be completed by HOA or Management Company

Company Name:	
Contact Name:	Title:
Email Address:	
Phone Number:	Fax Number:

By signing below, I certify that, to the best of my k nowledge, the information provided on this questionnaire is true and correct. The undersigned further represents authorization by the Homeowners Association Board of Directors and/or Managing Agent to provide this information on behalf of the Association.

Signature:	Date: