

- Yes No Does project have more than one association?
If Yes, please list the name of the Master Association; _____
- Yes No Does any entity, individual or group own 10% or more of the total units?
If Yes, please list the name and units owned, _____
- Yes No Does project contain commercial/non-residential space?
If Yes, total space occupies: _____%, purpose of space: _____
- Yes No Are any non-incidentual business units owned and/or operated by the HOA?
If Yes, please list the name of the business: _____
- Yes No Are any unit subjected to Affordable Housing or Age Restriction?
If Yes, please list restriction unit #s: _____
- Yes No Are any units used for "live-work" (e.g. owner lives in a loft area and runs a business on ground floor)
If Yes, please list total # of units: _____
- Yes No Are any units less than 400 square feet?
If Yes, please list total # of units: _____
- Yes No Does project consist of manufactured housing units?
If Yes, please list total # of units: _____
- Yes No Is project a Continuing Care Retirement Community or Life Care Facility where residents sign a long-term contract for housing, medical, assisted living, and other services?
- Yes No Is project a Condotel? (Does the project include registration services & offer rentals on a short-term basis? Does the project have a website that presents itself as a hotel, resort, inn, motel, lodge, or other hospitality entity? Are amenities such as food, phone, or daily cleaning services offered?
Yes No If Yes, does project allow for daily or weekly rentals?
- Number of Years in Operation: _____
- Please check all applicable services Food Service Rental Desk
Daily Maid Service Entertainment
- Monthly HOA Dues: \$ _____/months
- Yes No Are the taxes for the individual units included in the HOA fees? If YES,
Yes No If new construction, will the taxes be individually assessed after recording?
Yes No If established, are the units currently individually assessed?
- Yes No Are any units over 60 days delinquent in common charges/HOA fees?
If Yes, please list total # of units and total amount delinquent: _____ units/ \$ _____



Yes No Is/Was the Association involved in any type of litigation?

If Yes, please explain and attach documentation: _____

Association & Management Info

Yes No Are there separate accounts for working capital and reserves with monthly statements on each account going directly to the Association?

Yes No Management company maintains separate records and bank accounts for the Association and does not have the authority to draw or transfer funds from the reserve amount.

Yes No Association has a reserve plan and fund separate from the operating accounts that is adequate to prevent deferred maintenance:

If yes, please list the amount of reserve fund \$ _____ as of _____

Yes No If a unit is taken over in foreclosure or deed-in-lieu, is the lender responsible for delinquent HOA due?

If Yes, how many months are they responsible for? _____ months

Yes No Is HOA professional managed?

Insurance Info

Insurance Carrier: _____

Agent Name: _____

Phone #: _____ Email: _____

Yes No Walls-In-Coverage Included?

Yes No Is project or building located in a flood zone?

Yes No If Yes, is flood insurance in force?

Yes No Does the HOA provide insurance coverage for the interior fixtures of the units?

Yes No Is HOA named insured on master insurance policy?

Yes No Does the insurance coverage equal to 100% of the current replacement cost of common elements? What is the dollar amount insurance coverage carried by the Association for the following type of coverage?

Certification

The undersigned hereby certifies that the information and statements contained within this form and any attachments are true and correct to the best of their knowledge and belief. The undersigned further represents they are authorized by the Homeowner Association Board of Directors to provide this information on behalf of the Association.

Contact Name: _____ Title: _____

Company Name: _____ Phone: _____

Signature _____ Date: _____

