



3660 Wilshire Blvd. Suite 1008, Los Angeles, CA 90010  
Toll-Free Number 800-309-0028 Fax 213-603-3030

## Limited Review Condominium Questionnaire

Borrower Name: \_\_\_\_\_ Loan #: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### Project and Unit Info

Project Type:  Condo  Attached  Detached  
Units:  Fee Simple  Leasehold  
Design Type:  Garden/Low Rise  Row/Townhouse  Mid-rise (5-7 stor.)  High-rise (8+ stor.)  
Unit Owner in control of HOA?  Yes, since: \_\_\_\_\_  
 No, estimate date \_\_\_\_\_

Total number of phases: \_\_\_\_\_ Subject Phase #: \_\_\_\_\_  
Total # of units Entire Project: \_\_\_\_\_ Subject Phase: \_\_\_\_\_  
Total # of units for sale Entire Project: \_\_\_\_\_ Subject Phase: \_\_\_\_\_  
Total # of units sold Entire Project: \_\_\_\_\_ Subject Phase: \_\_\_\_\_  
Total # of units rented (Investor) Entire Project: \_\_\_\_\_ Subject Phase: \_\_\_\_\_  
Total # of owner occupied units (Primary & 2<sup>nd</sup> Home) Entire Project: \_\_\_\_\_ Subject Phase: \_\_\_\_\_  
Total # of units under contract Entire Project: \_\_\_\_\_ Subject Phase: \_\_\_\_\_  
Total # of units developer/sponsor owned, unsold Entire Project: \_\_\_\_\_ Subject Phase: \_\_\_\_\_

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 unit subjected to Affordable Housing or Age Restriction?  
If Yes, please list restriction unit #s: \_\_\_\_\_

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: \$ \_\_\_\_\_/month



- 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 Is/Was the Association involved in any type of litigation?  
 If Yes, please explain and attach documentation: \_\_\_\_\_  
 \_\_\_\_\_

### 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: \_\_\_\_\_