



Conventional Limited/Streamline Condo Questionnaire

Project Name:	
Property Address:	
City, State, Zip:	
County/Borough:	HOA Tax ID#:

Section 1: General Project Information

1	Project Information:	1a. Total # of units in project		
		1b. Total # of units sold or under contract		
2	Are the units of the project:	<input type="checkbox"/> ATTACHED	<input type="checkbox"/> DETACHED	
3	Are at least 90% of the units sold and conveyed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4	Are all units, common elements, and facilities within the project 100% complete?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5	Is the project subject to additional phasing or annexation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6	Has the HOA been turned over to the unit owners and do the unit owners have sole ownership and rights to use the project facilities and amenities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	6a. If YES, what date was control turned over?			
7	Do unit owners have sole ownership and rights to use the project facilities and amenities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	7a. If NO, who owns the facilities/amenities? Provide documents as necessary (e.g. Recreational Lease, Ground Lease, etc.)			
8	Does any single person or entity own more than one unit in the project?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	8a. If YES, how many units are owned by each person or entity?			

Section 2: Project Characteristics & Amenities

9	Does the project contain any of the following:			
	9a. Hotel/motel/resort activities, mandatory or voluntary rental pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	9b. Deed/resale restrictions that split ownership of property or curtail an individual borrower's ability to utilize the property; including common interest apartments? If YES, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	9c. Manufactured homes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	9d. Mandatory fee-based memberships for use of project amenities or services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	9e. Non-incident income > 10% from business operations owned or operated by HOA? If YES, please provide a copy of the HOA Budget.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	9f. Supportive or continuing care for seniors or for residents with disabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
10	Is any part of the project used for commercial/non-residential purposes?			
	10a. If YES, what percent of the total project square footage is commercial space?			
	10b. What is the nature of the commercial use?			
11	Does each unit have its own heating and cooling system?			
	11a. If NO, are each of the units separately metered?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Section 3: Legal & Financial Information

12	Is the HOA currently involved in litigation, mediation, or arbitration?			
	12a. If YES, provide a litigation disclosure that describes: a) the nature of the claim; b) if the insurance company is defending the claim; and c) the estimated amount of the claim.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	



13	Does the project permit a priority lien for unpaid common expenses in excess of 6 months (in excess of 12 months for Florida)?			YES	NO
	13a. If YES, please provide a copy of the Declaration/Master Deed or state statutes.				
Section 4: Master Insurance					
14	Does the Master Policy cover:				
	Bare Walls	Walls-In to Original Plans and Specs	Walls-In including Betterments and Improvements		
	If unknown , please provide Condo Declaration/Master Deed and Bylaws				
Section 5: Management Company & Preparer Information					
I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on the form and the attachments are true and correct.					
Company Name:					
Address:					
Preparer's Name:			Title:		
Preparer's Signature:			Phone #:		
Email Address:			Date:		
Miscellaneous					

Please contact ProjectReview@NewRez.com for any questions about this form.