



## Conventional Homeowners' Association Questionnaire for Limited/Streamline Review

Project Name: _____			
Project Master Association Name _____			
Property Street Address: _____			
City: _____		State: _____	
1.	Is there any pending litigation involving the homeowners' association? If Yes, provide details and documentation of the circumstances surrounding litigation	Yes	<input type="checkbox"/> No <input type="checkbox"/>
2.	Are day, night or short-term rentals permitted?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
3.	Does project have on-site registration or check-in desk?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
4.	Does project have housekeeping/maid service?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
5.	Does project have a phone system?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
6.	Does project have room service?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
<p>I, the undersigned, certify that to the best of my knowledge and belief the information and statements contained on this form and the attachments are true and correct.</p>			
Signature of Association Representative or Preparer _____		Name and Title of Assn. Representative or Preparer _____	
Representative or Preparer's Company Name _____		Address _____	
Date of Completion _____		Telephone Number _____	