



**CONDOMINIUM QUESTIONNAIRE**-To be completed by authorized representative of HOA

I. Condo Warrantable Y/N ? \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

II. If Condo is Non-Warrantable state primary reason:

\_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_

Unit # \_\_\_\_\_

Subject Property Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

This project is legally classified as a (circle one) : PUD \_\_\_ CONDOMINIUM \_\_\_

**SECTION 1: Completion and Sales Information**

1) What is this units/projects HOA Fees? \_\_\_\_\_

2) What is the total number of units in the entire project? \_\_\_\_\_

3) What is the total number of units sold in the entire project? \_\_\_\_\_

4) How many total legal phases are in the project? \_\_\_\_\_

5) Is the project subject to any additional phasing or annexation? Yes \_\_\_ No \_\_\_

6) Are all phases complete including facilities/common areas/limited common elements? Yes \_\_\_ No \_\_\_

Describe any incomplete areas:

\_\_\_\_\_

7) Are the unit Owner's in control of the Home Owner's Association? Yes \_\_\_ No \_\_\_

8) Date the unit Owner's took control of the Home Owner's Association \_\_\_/\_\_\_/\_\_\_\_\_

9) Total number of units in the entire project that are occupied as a Primary Residence (exclude 2nd Homes) \_\_\_\_\_

10) Total number of units in the entire project that are occupied as a 2nd Homes \_\_\_\_\_

11) Total number of units in the entire project that are Tented Occupied \_\_\_\_\_

12) Are any owners multiple unit owners? Yes \_\_\_ No \_\_\_

If yes, provide complete breakdown of all multiple unit owners AND number of units owned by each.

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**SECTION 2: SUBJECT Phase** (Complete ONLY if the project consists of GREATER than one phase)

13) Which phase # is the subject property or specific unit located in? \_\_\_\_\_

14) What is the total number of units in the SUBJECT's phase? \_\_\_\_\_

15) What is the total number of units sold in the SUBJECT's phase? \_\_\_\_\_

16) Total number of units in the SUBJECT's phase that are occupied as Primary Residence (exclude 2nd Homes) \_\_\_\_\_

17) Total number of units in the SUBJECT's phase that are occupied as 2<sup>nd</sup> Homes \_\_\_\_\_

18) Total number of units in the SUBJECT's phase that are Tenant Occupied \_\_\_\_\_

**SECTION 3: Project Characteristics & Amenities**

19) Does the subject allow short term rentals? Yes \_\_\_ No \_\_\_

If yes, does the project have on-site registration/Check-in Desk, cleaning/maid service? Yes \_\_\_ No \_\_\_

20) Is there manufactured housing, timeshare/segmented ownership, units in this project? Yes \_\_\_ No \_\_\_

21) Does the project contain one or more units with less than 400 square feet of space? Yes \_\_\_ No \_\_\_

22) What PERCENTAGE of the total square footage of the project is used for non-residential or commercial purposes? \_\_\_\_\_

23) Does the HOA own, operate or lease space to any business located inside the project? Yes \_\_\_ No \_\_\_

If yes, describe \_\_\_\_\_

24) Do any unit owners hold title to >1 unit that have been combined into a single living unit? Yes \_\_\_  
No \_\_\_

If yes, were the project's governing documents amended to allocate unit assessments and real estate taxes as one single unit? Yes \_\_\_ No \_\_\_

25) Is the project on leased land? If yes-please attach a copy of the executed lease agreement. Yes \_\_\_  
No \_\_\_

26) Are the units separately metered for electricity and gas? Yes\_\_\_ No\_\_\_

27) Do the unit owners have sole interest in and rights to the use of all recreational facilities, common areas and limited common elements? Yes\_\_\_ No\_\_\_

If yes, are these common facilities owned solely by the project's HOA or Master Association? Yes\_\_\_ No\_\_\_

28) Are owners required to purchase mandatory memberships (golf, social or recreational facilities) owned by any outside party? Yes\_\_\_ No\_\_\_

If yes, describe in detail below the financial obligation (Upfront and/or annual fees) associated with this mandatory membership. \_\_\_\_\_

**SECTION 4: Legal/Financial Information**

29) Provide the number of unit owners that are 30 days or more delinquent in their unit dues/assessments. \_\_\_\_\_

30) Is the HOA subject to current OR pending litigation with anyone for any reason (regardless of being named plaintiff or defendant)? Yes\_\_\_ No\_\_\_

If yes, describe in detail below (Include nature of litigation, dollar amount and if insurance carrier has been engaged. (Please attach any available documentation regarding litigation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31) Are any special assessments planned in the next year? Yes\_\_\_ No\_\_\_

If yes, provide below purpose of special assessment and approximate dollar amount to be collected and available payment plans

\_\_\_\_\_  
\_\_\_\_\_

32) Have there been any special assessments in the past 12 months? Yes\_\_\_ No\_\_\_

If yes, describe in the space below the purpose of the special assessment along with the total dollar amount and the number of unit owners that have paid the assessment and how many unit owners' assessment remain unpaid. \_\_\_\_\_

\_\_\_\_\_

33) Current amount in the replacement reserve account (NOT the operating account)? \$\_\_\_\_\_

34) Is the reserve account kept separately from the operating account? Yes\_\_\_ No\_\_\_

35) Are dual signatures required for check writing? Yes\_\_\_ No\_\_\_

36) Does any zoning regulation prohibit or restrict the reconstruction of the project if damaged or destroyed by fire or other casualty? Yes\_\_\_ No\_\_\_

**SECTION 5: Insurance Information (PLEASE DO NOT ENTER "CONTACT AGENT")**

Carrier or Agent Name\_\_\_\_\_

Carrier or Agent Phone Number\_\_\_\_\_ Policy #:

Hazard \_\_\_\_\_

\_\_\_\_\_

Liability \_\_\_\_\_

\_\_\_\_\_

Fidelity \_\_\_\_\_

\_\_\_\_\_

Flood \_\_\_\_\_

37) Does the Master Hazard/Dwelling policy cover the interior of the units (including walls, flooring cabinetry)? Yes\_\_\_ No\_\_\_

38) Does the Master Hazard/Dwelling policy cover Betterments & Improvements? Yes\_\_\_ No\_\_\_

**SECTION 6: Certification of Information.** By signing below, you are certifying the above information is true and correct.

NAME/SIGNATURE OF AUTHORIZED HOA REPRESENTATIVE\_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

Contact phone #\_\_\_\_\_

Email \_\_\_\_\_

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March 15, 2016