

**PROJECT LEGAL NAME:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_

Total # of Units	# of Units conveyed	# of Developer owned	# of Owner Occupied	# of Second Homes	# of Investors

1. Are there short-term rentals?	Yes	No	If yes, what is the minimum rental period?	_____
2. Does the project have any of the items listed below? Please mark all which apply.	Yes	No		
<input type="checkbox"/> Hotel Services			<input type="checkbox"/> Hotel or Resort ratings through hotel booking websites or agencies	
<input type="checkbox"/> Licensed as a hotel, motel, resort or hospitality entity			<input type="checkbox"/> Managed by a hotel/resort management company	
<input type="checkbox"/> Rentals handled through the management company			<input type="checkbox"/> Rental pooling	
<input type="checkbox"/> Occupancy limits or blackout dates			<input type="checkbox"/> Interior decorating or furnishing restrictions	
<input type="checkbox"/> Project is listed as an investment security with the SEC			<input type="checkbox"/> Project is a common interest apartment or community apartment	
<input type="checkbox"/> Project contains non-incidental business operations (restaurant, spa, etc.)			<input type="checkbox"/> Multi-dwelling Unit (more than one unit on deed and/or mortgage)	
<input type="checkbox"/> Legal documents require owners to share profits from rentals of units with HOA, Management Co. or resort/Hotel rental company				
3. Largest number of units owned by a single person/entity. (The lowest number would be at least 1.)	_____			
4. No. of units over 60 days delinquent and dollar amount of delinquency.	_____		/ \$	_____
5. Is there any additional phasing or annexation?	Yes	No		
6. Are units owned fee simple (FS) or leasehold (LH)?	FS	LH		
7. Are all units, common areas, and amenities completed?	Yes	No		
8. Date Association turned over to unit owner control (Month/Year).	_____			
9. Is the project a conversion?	Yes	No		
If yes, is the project a gut rehab with renovation of property down to the shell replacement of all HVAC & electrical components?	Yes	No	Year converted	_____
10. Does the project contain any low or moderate-income housing units (aka inclusionary zoning)?	Yes	No		
If yes, is the subject unit designated as a low to moderate income unit?	Yes	No		
11. Is the project subject to a recreational lease?	Yes	No		
12. Are the units subject to recurring transfer fees paid to the developer upon the sale of a unit?	Yes	No		
13. Does the project have a mandatory club membership?	Yes	No		
If yes, who owns the club?	_____			
14. Is the association subject to any lawsuits or pre-litigation activity (e.g. mediation, arbitration, etc.)?	Yes	No		
If yes, provide the complaint(s) for the lawsuit(s) and/or details of the pre-litigation activity.	_____			
15. Does the project contain commercial space?	Yes	No		
If yes, what percentage of the project is commercial?	_____			
16. Has the HOA or Developer retained any right of first refusal?	Yes	No		
If yes, are mortgagees excluded from this right of first refusal?	Yes	No		
17. If a unit is foreclosed or taken back by deed in lieu of foreclosure, is the mortgagee (lender) responsible for HOA dues?	Yes	No		
If yes, for how long?	0-6 months	7-12 months	More than a year	
18. Is the project located in a Master Association?	Yes	No		
19. Does the HOA or management co. maintain separate accounts for operating & reserve funds?	Yes	No		
20. Are the monthly account statements being sent directly to the HOA?	Yes	No		
21. Does the management company have the authority to draw checks against or transfer funds from the reserve account?	Yes	No		
22. Are 2 or more members of Board of Directors required to sign checks from the reserve account?	Yes	No		
23. What is the balance in the segregated reserve account?	_____		\$	_____

**SPECIAL ASSESSMENTS**

24. How many special assessments are ongoing or planned? \_\_\_\_\_  
 What is the purpose of each special assessment? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 What is the total amount of each special assessment? \_\_\_\_\_  
 When does the special assessment begin and end? \_\_\_\_\_  
 If the special assessment(s) are related to critical repairs, have all repairs been completed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 How many unit owners are more than 60 days delinquent in their special assessment? \_\_\_\_\_  
 \_\_\_\_\_

**DEFERRED MAINTENANCE**

25. Does the association have any reports regarding deferred maintenance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please provide copy of the report. \_\_\_\_\_
26. Have there been any inspections done within the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please provide copy of the inspection report. \_\_\_\_\_
27. Has the project failed to pass state or other jurisdictional inspections or certifications related to structural soundness, safety, or habitability? \_\_\_\_\_ Yes \_\_\_\_\_ No
28. Is the project subject to evacuation orders? \_\_\_\_\_ Yes \_\_\_\_\_ No
29. Does the project have material deficiencies that would result in critical elements or system failures within 1 year? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what elements are impacted? \_\_\_\_\_
30. Is there mold, water intrusion, or damaging leaks that have not been repaired? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain. \_\_\_\_\_
31. Is there any advanced physical deterioration? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, what elements are impacted? \_\_\_\_\_
32. Are there any unfunded repairs costing more than \$10,000 per unit that should be repaired within the next 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain. \_\_\_\_\_

**Acceptable sources include an officer of the condominium association or a qualified employee of the association's management company.**

 \_\_\_\_\_  
 Source of Information

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Title

 \_\_\_\_\_  
 Date

 \_\_\_\_\_  
 Phone Number

 \_\_\_\_\_  
 Email Address

 \_\_\_\_\_  
 Website Address of Association