



COOPERATIVE QUESTIONNAIRE

Management Company is to provide and complete all information below:

Applicant Name: _____ Date: _____
 Project Name: _____ Project Address: _____
 Unit #: _____ Maintenance Fee: \$ _____
 Special Assessment Fee (if any): \$ _____ Special Assessment Ending Date: _____
 Cooperative Corporation: _____ Address (if different): _____
 Sponsor/Developer: Sponsor/Developer Contact: _____
 Phone Number: _____ Fax Number: _____

Project Information:

Shares attributable to the subject unit: _____ Total number of units: _____
 Shares attributable to the project: _____

Ownership & Occupancy	Number (#) of Units	Percentage (%) of the Project
Owner Occupied		
Sponsor/Developer-Vacant		
Sponsor/Developer-Tenant Occupied (Market Rent)		
Sponsor/Developer-Tenant Occupied (Regulated Rent)		
Investor-Vacant		
Investor-Tenant Occupied (Market Rent)		
Investor-Tenant Occupied (Regulated Rent)		
Commercial		
TOTAL		

Underlying Mortgage Financing:

Lien Information	First	Second	Other Financing
Type of Lien (Mortgage, Line of Credit, Wraparound)			
Balance	\$ _____	\$ _____	\$ _____
Balloon	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Remaining Term to Balloon Reset			
Remaining Term on Debt			
Monthly Payment (P & I)	\$ _____	\$ _____	\$ _____
Interest Rate	_____ %	_____ %	_____ %
Fixed Rate or ARM			
Name of Lienholder			
Are payments on the obligation current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, how many months in arrears?			



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General Project Information:

1. The Proprietary Lease expiration date is: _____ **Expiration Date:** _____
2. Is the occupancy of project subject to a leasehold? Yes No
If yes, please provide the annual rent and expiration date: **Rent:** \$ _____ **Expiration Date:** _____
3. The project is complete and is not subject to any additional phasing or annexation? Yes No
4. Is the project a new conversion eviction plan? Yes No
5. Are any of the project facilities leased by the cooperative corporation? Yes No
6. Does the cooperative project include any commercial units? Yes No
If yes, please describe and provide percentage (%) of total project square footage: _____

Other Eligibility Criteria:

7. Are the unit owners in control of the cooperation corporation? Yes No
If not, the projected date of HOA vesting? _____
8. Are there unit owners one (1) or more months delinquent in the payment of maintenance? Yes No
If yes, provide 30 day delinquent information: # _____ unit owners \$ _____ past due
9. Is the project a limited equity cooperative? Yes No
10. Are there any of the units in the project subject to a transfer fee? (i.e. flip taxes, option fees, etc.) Yes No
If yes, please describe terms: _____
11. Is the project a recipient of any tax abatements or exemptions? Yes No
If yes, please describe, including remaining term and dollar amount: _____
12. Is there any current or pending litigation against the cooperative corporation? Yes No
If yes, please provide detail, including the monetary amount, and parties involved: _____
13. Are there any mechanic's liens filed against the cooperative corporation, or the subject unit? Yes No
If yes, please provide detail: _____

14. Does any single entity (including an individual, investor group, partnership or corporation, as well as the sponsor/developer) own more than 10% of the stock shares in the cooperative corporation, or the related ownership rights? Yes No
If yes, please provide detail: # Units: _____ Entity: _____
Units: _____ Entity: _____
Units: _____ Entity: _____
15. Are there any financing restrictions? Yes No
If yes, please describe: _____

Sponsor Financial Information:

16. Date of the last Attorney General sponsor Filing / Amendment: _____
If greater than 1 year, please explain: _____



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17. Are the obligations for the Sponsor / Developer current? Yes No
 If no, provide number of months delinquent and amount: _____ months \$ _____
18. Does the rental cash flow from the Sponsor held rental units cover expenses? Yes No
 If yes, provide the following information:
Sponsor Rental Income: \$ _____
Sponsor Obligations: \$ _____
19. Are there any sponsor obligations for projected repairs / improvements that are not covered by monthly maintenance charges due? Yes No
20. Does the Annual Budget contain a line item for repairs/capital reserves? Yes No
 If yes, what is the balance in the account? \$ _____
21. Is the sponsor using the unsold shares/units as collateral for other financing? Yes No
 If yes, provide the following information:

Lender: _____
Amount of Obligation: \$ _____
Maturity: _____ years
Monthly/Annual payment: \$ _____ per month/year (circle one)

22. Is the project self-managed? Yes No
 If yes, for how long? _____

Insurance Information

Insurance Agency: _____
Address: _____
Contact: _____
Phone Number: _____
Fax Number: _____

CERTIFICATION: 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.

Signature of Manager or Authorized Employee: _____
Name *Title*

Management Company Name: _____
Address: _____
Phone Number: _____
Fax Number: _____



COOPERATIVE QUESTIONNAIRE

FOR INTERNAL USE

Building Analysis and Notes:

Pre-Sale: _____ %
 Owner Occupancy _____ %
 Pro-Rata Share _____ %

Flip Tax: Yes No
 If yes, indicate percentage and amount: % _____ \$ _____

Remaining Underlying Mortgage Term: _____ Yrs.
Remaining Term of Proprietary Lease: _____ Yrs.

Positive/Negative Cash Flow from Sponsor Held Units: Yes No

Notes:

Self-Managed? Yes No
Limited Equity Coop? Yes No

Notes:
