Condominium Project Questionnaire – Full Form

Instructions

Lender: Complete the first table below and enter the date on which the form should be returned to you.

Homeowners' Association (HOA) or Management Company: This form has been sent to you on behalf of an individual seeking mortgage financing to purchase or refinance a unit in this project. The mortgage lender needs this information to determine the eligibility of the project for mortgage financing purposes. Complete and return this form by (enter date)

to the lender listed below. Questions about this form should be directed to the lender contact.

Lender Name	First IC Bank	Lender Phone Number	+1 (770) 689-8600
Contact Name	Joey Ngai	Lender Fax Number	+1 (678) 585-1162
Lender Address	5593 Buford Hwy. Atlanta GA 30340	Lender Email Address	joey.ngai@firsticbank.com

I: Basic Project Information

	-		
1	Project Legal Name		
2	Project Physical Address		
3	HOA Management Address		
4	HOA Name (if different from Project Legal Name)		
5	HOA Tax ID #		
6	HOA Management Company Tax ID #		
7	Name of Master or Umbrella Association (<i>if applicable</i>)		
8	Does the project contain any of the following (check all that apply):		
а		Hotel/motel/resort activities, mandatory or voluntary rental- pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit	
b		Deed or resale restrictions	
С		Manufactured homes	
d		Mandatory fee-based memberships for use of project amenities or services	
е		Non-incidental income from business operations	
f		Supportive or continuing care for seniors or for residents with disabilities	

P	Provide additional detail here, if applicable (optional):					
	II: Project Completion Inform	ation				
	the project 100% complete, including all construction or renovation of umenities for all project phases?	units, common elements If No, complete the table		1		
		Yes	No			
а	Is the project subject to additional phasing or annexation?					
b	Is the project legally phased?					
С	How many phases have been completed?					
d	How many total phases are legally planned for the project?					
е	How many total units are planned for the project?					
f	f Are all planned amenities and common facilities fully complete?					
· Ha	as the developer transferred control of the HOA to the unit owners?					
г. г.с						
Yes, date transferred: No, estimated date the transfer will occur:						
	III: Newly Converted or Rehabilitated Pro	oject Information				
	s the project a conversion within the past 3 years of an existing structure etail or professional business, industrial or for other non-residential use			tel/resort		
	tall of professional pusifiess, industrial of for other fron-residential asc	? II 165, complete the ti	able below.			
			Yes	No		
а	a In what year was the property built?					
b	b In what year was the property converted?					
	Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of all major mechanical components?					
٦	Does the report from the licensed engineer indicate that the project is s that the condition and remaining useful life of the project's major compo	[]				
е						
f	f Are replacement reserves allocated for all capital improvements?					
g	g Are the project's reserves sufficient to fund the improvements?					

1. How many unit owners are 60 or more days delinquent on common expense assessments? 2. In the event a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, is the mortgagee responsible for paying delinquent common expense assessments? Yes No If Yes, for how long is the mortgagee responsible for paying common expense assessments? (select one) 1 to 6 months 7 to 12 months more than 12 months 3. Is the HOA involved in any active or pending litigation? Yes No If Yes, attach documentation regarding the litigation from the attorney or the HOA. Provide the attorney's name and contact information: Name: Phone:

1. Complete the following information concerning ownership of units:

	Entire Project	Subject Legal Phase (in which the unit is located) If Applicable
Total number of units		
Total number of units sold and closed		
Total number of units under bona-fide sales contracts		
Total number of units sold and closed or under contract to owner-occupants		
Total number of units sold and closed or under contract to second home owners		
Total number of units sold and closed or under contract to investor owners		
Total number of units being rented by developer, sponsor, or converter		
Total number of units owned by the HOA		

Individual / Entity Name	Developer or Sponsor (Yes or No)	Number of Units Owned	Percentage Owned of Total Project Units	Number Leased at Market Rent	Number Leased under Rent Contro
	☐ Yes ☐ No		%		
	☐ Yes ☐ No		%		
	☐ Yes ☐ No		%		
	☐ Yes ☐ No		%		
f Yes, complete the following tal		or non-resident		☐ Yes ☐	% Square Footage
	ble:	or non-resident ner or Tenant	ial purposes? Number of Units	Yes Square Footage	
Yes, complete the following tal	ble:		Number of	Square	% Square Footage of Total Project Square Footage
f Yes, complete the following tal	ble:		Number of	Square	% Square Footage of Total Project Square Footage
f Yes, complete the following tal	ble:		Number of	Square	% Square Footage of Total Project Square Footage %
	ble:		Number of	Square	% Square Footage of Total Project

VI: Insurance Information & Financial Controls							
 Are units or common elements located in a flood zone? Yes No If Yes, flood coverage is in force equaling (select only one option below): 							
100%	☐ 100% replacement cost						
maxim	ium coverage per	condominium avai	lable under the National Flood In	surance Program			
some	other amount	(enter amount he	re) \$				
☐ HOA n ☐ Approp ☐ The ba	2. Check all of the following that apply regarding HOA financial accounts: HOA maintains separate accounts for operating and reserve funds. Appropriate access controls are in place for each account. The bank sends copies of monthly bank statements directly to the HOA.						
			ors are required to sign any check parate records and bank accounts	for each HOA that uses its services.			
_ ☐ The M				or transfer funds from, the reserve			
3. Supply the	information reque	sted below. Do NC	OT enter "contact agent."				
Type of Insurance	Carrier/A	gent Name	Carrier/Agent Phone Number	Policy Number			
Hazard							
Liability							
Fidelity							
Flood							
VII: Contact Information							
Name of Prep	parer						
Title of Preparer							
Preparer's Company Name							
Preparer's Ph	Preparer's Phone						
Preparer's Er	Preparer's Email						
Preparer's Company Address							
Date Comple	Date Completed						