Hanover COMMUNITY BANK

Condominium Questionnaire (Full Form)

Lender Contact Name:	Email Address:	
Phone Number:Fax Number:		
Hanover Community Bank is processing a mortgage loa The following information is required to complete the p		
PROJECT PROFILE (TO BE COMPLETED BY HOA, 2	MANAGING AGENT)	
Basic Project In	formation	
1. Project Legal Name:	Date:	
2. Project Address:		
3. Phase Number:Unit Number:	Unit maintenance fee:\$	
4. HOA Name (if different from project legal name):	HOA Tax ID #:	
5. HOA Management Name:	Tax ID #:	
6. HOA Management Address:		
Project Completion 7. Is the project 100% complete, including all construction shared amenities for all project phases? Yes Yes No A. Is the project subject to additional phase B. Is the project legally phased? C. How many phases have been completed? D. How many total phases are legally planned for the project? F. Are all planned amenities and comm	or renovation of units, common elements, and No If No, complete the questions below: assing or annexation? project?	
8. Has the developer transferred control of the HOA to the □ Yes, date transferred: □ No, es		
 Financial Info 9. How many unit owners are 60 or more days delinquent of 10. In the event a lender acquires a unit due to foreclosure responsible for paying delinquent common expense assault Yes, for how long is the mortgagee responsible for 1 to 6 months 	on common expense assessments? or a deed-in-lieu of foreclosure, is the mortgagee sessments? Yes No or paying common expense assessments? (select one)	

11. Is the HOA involved in any active or pending litigation? If Yes, attach documentation regarding the litigation from the attorney or the HOA. Provide the attorney's name and contact information:

Name:

Phone:

V: Ownership & Other Information

12. Complete the following information concerning ownership of units:

	Entire Project	Subject Legal Phase (in which the unit is located) If Applicable
In what year was the propject built		· · · · ·
Total number of units		
Total number of stories		
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		

13. Are there any fees for special assessments (other than regular HOA charges)? \Box Yes \Box No If yes, report the monthly facility charges and describe.

14. Complete the following table if more than one unit is owned by the same individual or entity.

Individual / Entity Name	Developer or	Number	Percentage	Number	Number
	Sponsor	of Units	Owned of Total	Leased at	Leased under
		Owned	Project Units	Market Rent	Rent Control
	\Box Yes \Box No		%		
	\Box Yes \Box No		%		
	\Box Yes \Box No		%		
	\Box Yes \Box No		%		

15. Do the unit owners have sole ownership interest in and the right to use the project amenities and common areas? □ Yes □ No

If No, explain who has ownership interest in and rights to use the project amenities and common areas:



16.	The recreational a	amenities (othe	er than those in	a master association)) include: 🗌 Tennis C	Court #

□ Pool #_____ □ Clubhouse #_____ □ Playground #_____ □ Other_____

17. Are any units in the project used for commercial or non-residential purposes?
Yes No If Yes, complete the following table:

Type of Commercial or Non-Residential Use	Name of Owner or Tenant	Number of Units	Square Footage	% Square Footage of Total Project Square Footage
				%
				%
				%
				%

18. What is the total square footage of commercial space in the building that is separate from the residential HOA? Include above and below grade space used for commercial purposes, such as public parking facilities, retail space, apartments, commercial offices, and so on.

Total square footage of commercial space_____

VI: Insurance Information

19. Are units or common elements located in a flood zone? \Box Yes \Box No

If Yes, flood coverage is in force equaling (select only one option below):

- \Box 100% replacement cost
- □ maximum coverage per condominium available under the National Flood Insurance Program
- □ some other amount (*enter amount here*) \$_____

20. Supply the information requested below. Do NOT enter "contact agent."

Type of Insurance	Carrier/Agent Name	Carrier/Agent Phone Number	Policy Number
Hazard			
Liability			
Fidelity			
Flood			

VII: Contact Information

21. Name of Preparer:

22. Title of Preparer:	
-	

23. Preparer's Company Name:

24. Preparer's Phone:_____

25. Preparer's Email:

26. Preparer's Company Address:

27. Signature:_____

28. Date Completed:_____