

Date: _____ PCM Loan #: _____
 Borrower Name: _____ FHA Case #: _____
 Co-Borrower Name: _____ Condo Project Name: _____
 Subject Property Address: _____ Condo Project Address: _____
 (city): _____ (state): _____ (city): _____ (state): _____

	1) Year Project was built: _____ Total # of phases in project: _____ Total # of units in project: _____
	2) # of units sold and conveyed in project: _____ # of units under contract in project: _____ Total # of units in project: _____ <ul style="list-style-type: none"> • Units under contract to be sold – provide copies of sales agreements and mortgage loan commitment • Evidence that units have closed and are occupied or information from developer/builder as to all units already sold, under contract or closed. Requires Builder/Developer signed certification (Attachment F of ML 2009-46B).
	3) Provide breakdown of total units in project: _____ a) Primary Residence: _____ b) Second/vacation homes: _____ c) Investor units: _____ d) Retained by developer: _____ <ul style="list-style-type: none"> • Will the developer sell units or maintain (new construction only)? _____
	4) Monthly HOA dues for the subject property unit: \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	5) Does any one person own more than 10% of the total project?
	6) What percentage of units are more than 1 month delinquent on HOA dues? _____ % OR # of units: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	7) Are all units, common elements, and recreational facilities completed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8) Are all units fee simple?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9) a) Does project operate like a hotel – is there a rental desk, cleaning service, restaurant, etc?
<input type="checkbox"/> Yes <input type="checkbox"/> No	b) Is the unit subject to any timeshare arrangements?
<input type="checkbox"/> Yes <input type="checkbox"/> No	c) Are any common areas / recreational facilities leased?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10) Is the project a building conversion? If YES, what is the conversion date? (month/year): _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	11) Is there any pending litigation involving the homeowner's association or developer? If YES, provide details regarding the litigation and include supporting documentation and attorney's opinion letter.
<input type="checkbox"/> Yes <input type="checkbox"/> No	12) Are the unit owners in control of the HOA? If YES, provide date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	13) Have there been any special assessments in the past year? If YES, describe the nature of the assessment and the cost per unit. _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	14) Are there any scheduled special assessments in the future? If YES, describe the nature of the assessment and the cost per unit. _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	15) Does the project contain commercial space? If YES, what percentage of the total square footage is used for commercial purposes? _____ %

16) Provide evidence of the following:

- Master hazard insurance policy (100% Cost Replacement Required)
- HO-6 required if Master Policy does not include unit interior coverage
- Master liability insurance policy
- Master employee dishonesty or fidelity bond policy (3 months total dues & reserves)
- Master flood insurance policy, if applicable
- Budget
- Last 2 Months HOA Meeting Minutes
- Provide Reserves \$ _____

Yes No

17) Are there any known adverse environmental factors affecting the project, as a whole, or individual units?

Yes No

18) Project, including the common elements and those of any Master Association, is complete and the project is not subject to additional phasing or annexation.

Contact Information:

Homeowner's Association:

HOA Name: _____
Contact Person Name: _____
Contact Person's Title: _____
Phone OR Email: _____

Management Company:

Company Name: _____
Contact Person Name: _____
Address: _____
Phone OR Email: _____

Master Insurance Carrier:

Company Name: _____
Contact Person Name: _____
Address: _____
Phone OR Email: _____

Developer (if applicable):

Company Name: _____
Contact Person Name: _____
Address: _____
Phone OR Email: _____