

Date: _____
 Borrower Name: _____
 Co-Borrower Name: _____
 Subject Property Address: _____
 (city): _____ (state): _____

PCM Loan #: _____
 Condo Project Name: _____
 Condo Project Address: _____
 (city): _____ (state): _____

	1)	a) Year project was built: _____	
		b) Total # of phases in project: _____	
		c) Total # of units in project: _____	
	2)	a) Subject property located in phase: _____	
		b) Total # of units in subject phase: _____	
	3)	What are the monthly HOA dues for the subject property unit? \$ _____	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	4)	Are the unit owners in control of the HOA?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	5)	Does any one person own more than 10% of the total project?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	6)	Are all units, common elements, and recreational facilities completed?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	7)	Are all units fee simple?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	8)	Do the unit owners have sole ownership rights to the use of the project's facilities, common elements, and limited common elements?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	9)	Does project operate like a hotel – is there a rental desk, cleaning service, restaurant, etc?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	10)	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
	11)	Is there more than one association for the project, such as a master or umbrella association? If YES, provide the legal names of all associations.	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	12)	Does the HOA waive its right of first refusal to the sale, lease, or transfer of a unit in case of foreclosure or deed in lieu?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	13)	Is the unit subject to any resale restrictions?	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	14)	Is the unit subject to any timeshare arrangements?	
<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? _____%	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	16)	Provide evidence of the following: a) Master hazard insurance policy b) Master liability insurance policy c) Master employee dishonesty or fidelity bond policy (if 20+ units) d) Master flood insurance policy, if applicable e) Current budget	

I certify that the information and statements contained on this form are true and correct

Printed Name: _____
 Signature: _____
 Title: _____
 Date: _____

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: _____