

LIMITED REVIEW HOA QUESTIONNAIRE

Project Name: _____

Project Master Association Name: _____

Property Street Address: _____ Unit # _____

City: _____ State: _____

1. Total # of legal phases in project: _____ Subject property located in legal phase #: _____
Total # of units in project: _____ Total # of units in subject legal phase: _____
2. # of units sold & conveyed in project: _____ # of units sold & conveyed in subject phase: _____
3. Are all units, common elements and amenities complete in subject project? YES NO
Are all units, common elements and amenities completed in subject legal phase? YES NO
If No, what is incomplete? _____
Number of units complete: _____
What common elements & amenities are incomplete _____
4. Is the project subject to any additional phasing or additions YES NO
5. Has the homeowners association been turned over to the unit owners? YES NO
If YES, provide date control of HOA turned over to unit owners?

6. Does any investor own more than 10% of the total project? YES NO
7. Are there any monthly assessments delinquent more than 30 days? YES NO
\$ _____ #of units _____
8. The amount currently held in reserve for future repair and/or replacement
Of major components of project (if over 20 units in project)
\$ _____
9. Is fidelity insurance in place covering the maximum amount of funds that
will be in the custody of the owners of Management Company at any time? YES NO
(Required if project is 20 units for more)
10. Is any part of the project used for commercial purpose? YES NO
If yes, what percentage of square footage is used for commercial purposes _____ / # _____
11. Is there any pending litigation involving the homeowners association? YES NO
If yes, provide details and documentation of the circumstances surrounding litigation
12. The project was created and exists in full compliance with applicable laws and
Regulations including all State law requirements in the jurisdiction where the project
Is located YES NO
13. Does project have housekeeping/maid service? YES NO
14. Does project have a phone system? YES NO

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15. HOA Dues for subject unit \$ _____ Monthly Annually

I, the undersigned, certify that to the best of my knowledge and belief the information and statements contained on this form and attachments are true and correct.

Signature of Association Representative

Name and Title of Assn. Representative

Representative or preparer's Company name

Address

Date of completion

Telephone Number