

Condo Project Questionnaire – Limited Review

For established, attached projects only.

This form must be completed by an authorized representative of the HOA Corporation.

Project's Legal Name					
Project's Full Address					
Project Phase					
HOA Dues					
Year Project 100% Complete					
Year HOA Control Turned Over to Unit Owners					
I: Indicate Whether any of the Following Characteristics Apply to the Project					
<input type="checkbox"/>	Condominium hotel/motel	<input type="checkbox"/>	Timeshare/fractional/segmented ownership		
<input type="checkbox"/>	Investment securities	<input type="checkbox"/>	Legal non-conforming land use		
<input type="checkbox"/>	Care facility/houseboat	<input type="checkbox"/>	Common interest or community apartment		
<input type="checkbox"/>	Cooperative or live/work units	<input type="checkbox"/>	Manufactured housing project		
<input type="checkbox"/>	Mandatory upfront or periodic membership fees for the use of recreational amenities				
Answer the following. "N/A", "unknown," and value ranges/estimates are not acceptable.		Subject Phase	Entire Project		
Total number of units					
Number of residential units sold and closed					
Answer the Following					
Is the association involved in any current or pending litigation?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "yes," provide an explanation:					
Is more than 35% of the total square footage of the project used for non-residential use?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does any single entity own more than one unit?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, list how many units each owns:					

II: Building Safety, Soundness, Structural Integrity, and Habitability

1	When was the last building inspection by a licensed architect, licensed engineer, or any other building inspector?	
2	Did the last inspection have any findings related to the safety, soundness, structural integrity, or habitability of the project's buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a	If YES , have recommended repairs/replacements been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the repairs/replacements have not been completed:		
2b	What repairs/replacements remain to be completed?	
2c	When will the repairs/replacements be completed?	
<i>Provide a copy of the inspection and HOA board meeting minutes to document findings and action plan.</i>		
3	Is the HOA aware of any deficiencies related to the safety, soundness, structural integrity, or habitability of the project's buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a	If YES , what are the deficiencies?	
3b	Of these deficiencies, what repairs/replacements remain to be completed?	
3c	Of these deficiencies, when will the repairs/replacements be completed?	
4	Are there any outstanding violations of jurisdictional requirements (zoning ordinances, codes, etc.) related to the safety, soundness, structural integrity, or habitability of the project's buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, provide notice from the applicable jurisdictional entity.</i>		
5	Is it anticipated the project will, in the future, have such violation(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES, provide details of the applicable jurisdiction's requirement and the project's plan to remediate the violation?

6 Does the project have a funding plan for its deferred maintenance components/items to be repaired or replaced?

Yes No

7 Does the project have a schedule for the deferred maintenance components/items to be repaired or replaced?

Yes No

If Yes, provide the schedule.

8 Has the HOA had a reserve study completed on the project within the past 3 years?

Yes No

9 What is the total of the current reserve account balance(s)?

10 Are there any current special assessments unit owners are obligated to pay? If **YES**:

Yes No

10a What is the total amount of the special assessments?

10b What are the terms of the special assessments?

10c What is the purpose of the special assessments?

11 Are there any planned special assessments that unit owners will be obligated to pay? If **Yes**:

Yes No

11a What will be the total amount of the special assessments?

11b What will be the terms of the special assessments?

11c What will be the purpose of the special assessments?	
12 Has the HOA obtained any loans to finance improvements or deferred maintenance? If YES :	<input type="checkbox"/> Yes <input type="checkbox"/> No
12a Amount borrowed?	
12b Terms of repayment?	

III: Additional Comments

IV: Contact Information

The undersigned certifies that the information contained on this form is true and correct to the best of his/her knowledge. Additionally, the undersigned represents that they are authorized by the HOA Board of Directors to provide to provide this information.

Name of Preparer	
Title of Preparer	
Preparer's Company Name	
Preparer's Phone	
Preparer's Email	
Preparer's Company Address	
Date Completed	
Signature	