

**Project Legal Name** \_\_\_\_\_

**Property Address** \_\_\_\_\_

- |                                     |                                |                                   |                                                                  |
|-------------------------------------|--------------------------------|-----------------------------------|------------------------------------------------------------------|
| <b>1</b> Property rights            | <b>2</b> Property type         | <b>3</b> Unit type                | <b>4</b> Control of the HOA has been turned over to unit owners? |
| <input type="checkbox"/> Fee Simple | <input type="checkbox"/> Condo | <input type="checkbox"/> Attached | <input type="checkbox"/> Yes (Date transferred:.....)            |
| <input type="checkbox"/> Leasehold  | <input type="checkbox"/> PUD   | <input type="checkbox"/> Detached | <input type="checkbox"/> No (Estimated date of transfer:.....)   |

**5** Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases?

- ☐ Yes  
☐ No, please complete **New Construction Project Questions**

**6** Is the project a conversion within the past 3 years of an existing structure that was used as an apartment, condotel, or professional business, or other non-residential use?

- ☐ Yes, please complete **Conversion Project Questions**  
☐ No

**Please provide the numbers for following information. (7~15)**

- \_\_\_\_ **7** Total # of units in project (**subject legal phase for new project**)  
 \_\_\_\_ **8** Total # of units as primary&second home, sold  
 \_\_\_\_ **9** Total # of units as primary&second home, under contract  
 \_\_\_\_ **10** Total # of units as investor owners, sold  
 \_\_\_\_ **11** Total # of units as investor owners, under contract  
 \_\_\_\_ **12** Total # of units unsold, owned by builder/converter  
 \_\_\_\_ **13** Total # of units owned by HOA  
 \_\_\_\_ **14** Total # of other units: (description: .....)  
 \_\_\_\_ **15** Total # of other units: (description: .....)

**Please answer the following questions (16~18)**

- 16** Monthly HOA Dues: \$ ..... / month  
**17** Total of the current reserve account balance: \$ .....  
**18** How many units are over 60 days delinquent in common charges/HOA assessment fees? ..... units

## New Construction Project Questions

- | Yes                      | No                       | New construction (date of completion: .....)                                                                                                                            |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are all planned amenities and common facilities complete?                                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the project subject to additional phasing or annexation?                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the project legally phased? (subject phase #: <b>PH</b> .....)                                                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the project/subject legal phase <b>**substantially completed</b> ?                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | If the project is part of a master association, are the unit owners required to pay monthly assessments of more than \$50 per month to the separate master association? |

Total # of phases projected: \_\_\_\_\_, currently completed: \_\_\_\_\_

Total # of units projected: \_\_\_\_\_, currently completed: \_\_\_\_\_

## Newly Converted or Rehabilitated Project Questions

- | Yes                      | No                       | Conversion (date of conversion: .....)                                                                                                                                                               |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the project converted an existing structure that was used for an apartment, hotel/resort, real estate or professional business, industrial or other non-residential use within the last 3 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the conversion a full gut rehabilitation of existing structures, including replacement of all major mechanical components?                                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the project receive a satisfactory structural evaluation from a licensed engineer?                                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all repairs affecting safety, soundness, and structural integrity complete?                                                                                                                      |

**\*\*substantially completed means that ① a certificate of occupancy or other substantially similar document has been issued by the applicable governmental agency and ② all the units, buildings, and common elements are complete, subject to the installation of buyer selection items, such as appliances.**

**Yes No** Does the project contain any of the following? (19~28)

- ☐ ☐ **19** Condo/Hotel/Motel/Resort/Renting activities)
- ☐ ☐ **20** Property that is not real estate property (Timeshares, Houseboats, Cabanas, Segmented units)
- ☐ ☐ **21** Single units have multiple living spaces (Multi-dwelling units)
- ☐ ☐ **22** CC&Rs that split ownership of the property or curtail an individual borrower's ability to utilize the property
- ☐ ☐ **23** Supportive or continuing care for seniors or for residents with disabilities
- ☐ ☐ **24** Mandatory fee-based membership for use of project amenities or services (for Recreational Facilities, etc.)
- ☐ ☐ **25** Units subject to Right of First Refusal or resale restrictions (Affordable Housing, Age Restriction, etc.)
- ☐ ☐ **26** Manufactured housing units
- ☐ ☐ **27** Units less than 400 square feet
- ☐ ☐ **28** Commercial/non-residential spaces greater than 35%?

**Yes No** Please answer the following questions (29~40)

- ☐ ☐ **29** Are there any unfunded repairs totaling more than \$10,000 per unit in the project?
- ☐ ☐ **30** Is there any current evacuation order due to unsafe conditions in the project?
- ☐ ☐ **31** Is there a structural or mechanical inspection report that has been completed within 3 years of today?
- ☐ ☐ **32** Is the project in need of critical repairs or replacements that significantly impact the safety, soundness, structural integrity or habitability of the project's building(s) and/or that impact unit values, financial viability or marketability of the project?
  - If yes, please explain the deficiency and what repairs to be completed .....
- ☐ ☐ **33** Is there any outstanding or anticipated violation of jurisdictional requirements (zoning ordinances, codes, etc.) related to the safety, soundness, structural integrity, or habitability of the projects?
  - If yes, please provide details of the jurisdiction's requirement and the project's plan to remediate the violation .....
- ☐ ☐ **34** Has the HOA obtained any loans to finance improved or deferred maintenance?
  - If yes, amount borrowed: \$ ..... terms of repayment: .....
- ☐ ☐ **35** Are there any current and/or projected special assessments unit owners are obligated to pay?
  - If yes, please complete the below questions
  - Total amount of special assessment(s): \$ .....
  - The terms/purposes of the special assessment(s): .....
  - ☐ ☐ · If the special assessment relates to structural repairs, have the repairs fully been completed?
  - ☐ ☐ · Does the special assessment have a negative impact to the financial stability, viability, condition, and marketability of the project?
- ☐ ☐ **36** If the project has more than 20 units, does any single entity, individual or group own more than 20% of the total units?
  - If yes, please provide the number of units: ..... units
- ☐ ☐ **37** If the project has 20 units or less, does any single entity, individual or group own more than 2 units?
  - If yes, please list name and # of units: .....
- ☐ ☐ **38** Is the HOA receiving more than 10% of its budgeted income from non-incidental business arrangements related to the active ownership and/or operation of amenities or services available to unit owners and the public? (restaurant, spa, health club, etc.)
  - If yes, the non-incidental business is: .....

Yes No

- ☐ ☐ **39** Is the lender liable for delinquent common charges if the unit is foreclosed on/prior to the lender acquiring the property?  
 · If yes, lender is responsible for months: ..... months
- ☐ ☐ **40** Is the HOA subject to any current or pending litigation? (excluding foreclosure or collection actions)  
 · If yes, please provide and explain legal documents .....

**Please answer the following questions (41~45)**

- |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>41</b> Insurance Carrier .....</p> <p>Agent Name .....</p> <p>Phone # / Email .....</p> <p><b>43</b> Is HOA professionally managed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>       · If yes, provide information of the managing company<br/>       Company Name .....</p> <p>Contact Name .....</p> <p>Phone # / Email .....</p> | <p><b>42</b> Does the HOA Property insurance (Hazard, Building) cover the interior fixtures of the units, including walls, cabinetry, flooring, appliances etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>44</b> Is the project part of a 'Master' or 'Umbrella' Association?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>       · If yes, provide the name of master/umbrella association.<br/>       Company Name .....</p> <p>Contact Info .....</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Additional Comments**

**45 Certification:** The undersigned hereby certifies that to the best of their knowledge and belief, the information and statements contained on this form and any attachments are true and correct. The undersigned further represents they are authorized by the Homeowner's Association Board of Directors to provide this information on behalf of the Association.

Company Name .....	Phone # / Email .....
Contact Name .....	Date .....
Title .....	Signature .....

## Addendum for State Law Regulatory Compliance

Yes No

- ☐ ☐ **46** Is the building located in California? If yes, please complete the question 48 and 49
- ☐ ☐ **47** Is the building located in Florida? If yes, please complete the question 50
- ☐ ☐ **48 [California only]** Is the HOA required to comply with the inspection mandate under **Senate Bill 326**, which is due Jan 2025?  
 SB 326 inspection is required if there are “load-bearing components” ① that extend beyond the **exterior walls of the building** to deliver **structural loads** to the building from **decks, balconies, stairways, walkways, and their railings**, ② that have a walking surface **elevated more than 6 feet above** ground level, ③ that are designed for **human occupancy or use**, and ④ that are supported in **whole or in substantial part by wood or wood-based products** ⑤ in buildings containing **three or more multifamily dwelling units**
- ☐ ☐ · If yes, was the SB 326 inspection completed within the past 9 years?
- ☐ ☐ · If yes, was there any deferred maintenance among the repairs recommended by the inspection?  
 ◦ If yes, provide required repair items and the estimated cost of repair .....
- ☐ ☐ **49 [California only]** Is the HOA required to comply with the inspection mandate under **Senate Bill 721**, which is due Jan 2026?  
 SB 721 inspection is required if there are “exterior elevated element” which the ① **following types of structures**, including their supports and railings: **balconies, decks, porches, stairways, walkways, and entry structures** that **extend beyond exterior walls** of the building and ② which have a **walking surface that is elevated more than six feet** above ground level, ③ are designed for **human occupancy or use**, and ④ rely in **whole or in substantial part on wood or wood-based products** for structural support or stability of the exterior elevated element ⑤ in buildings containing **three or more multifamily dwelling units**
- ☐ ☐ · If yes, was the SB 721 inspection completed within 6 years?
- ☐ ☐ · If yes, was there any deferred maintenance among the repairs recommended by the inspection?  
 ◦ If yes, provide required repair items and the estimated cost of repair .....
- ☐ ☐ **50 [Florida only]** Is the HOA required to comply with the ‘milestone inspection’ mandate under **Senate Bill 4-D**?
- ① Milestone inspection must be performed if the building has **three stories or more in height** by December 31 of the year in which the building reaches **30 years of age**, based on the date the certificate of occupancy for the building was issued, and **every 10 years thereafter**
- ② Milestone inspection must be performed for the buildings located within **3 miles of a coastline** by December 31 of the year in which the building reaches **25 years of age**, based on the date the certificate of occupancy for the building was issued, and **every 10 years thereafter**
- ☐ ☐ · If yes, was the milestone inspection completed within the past 10 years?
- ☐ ☐ · If yes, was there any deferred maintenance among the repairs recommended by the inspection?  
 ◦ If yes, provide required repair items and the estimated cost of repair .....

## 51 Certification

Contact Name ..... Date .....

Title ..... Signature .....