



## CONDOMINIUM PROJECT QUESTIONNAIRE

<b>Borrower Name(s):</b>		<b>Loan Number:</b>	
<b>Property Address:</b>		<b>Unit Number:</b>	
<b>Property City, State &amp; Zip Code:</b>		<b>Project Name:</b>	

### I: Project and Unit Information

1.	Are the units Fee Simple or Leasehold?	<input type="checkbox"/> Fee Simple	<input type="checkbox"/> Leasehold
2.	Are the unit owners in control of HOA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	What are the total number of units?	Subject's Phase _____	Entire Project _____
4.	Are all units complete? <b>If No</b> , provide # of units complete in subject's phase: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are all common elements and amenities within the subject's phase complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Is the project a conversion of an existing building? <b>If Yes</b> , provide Date of conversion: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Does any one person or entity own more than one unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Is the HOA involved in any litigation, mediation, arbitration or other dispute resolution process? <b>If Yes</b> , Explain and attach documentation: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Are there any adverse environmental factors affecting the project as a whole or as individual units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Does the project contain any of the following (check all that apply):		
	<input type="checkbox"/> Hotel/motel/resort activities, daily rental usage or other restrictions that impacts the unit owner's ability to occupy the unit?		
	<input type="checkbox"/> Deed or resale restrictions, other than board approval?		
	<input type="checkbox"/> Manufactured homes?		
	<input type="checkbox"/> Continuing Care or Life Care facilities that allow residents to sign long-term contracts for housing, medical, assisted living and other services?		
	<input type="checkbox"/> Units that are used for "live-work" (i.e. owner lives in a loft and runs a business on the ground floor)?		
	<input type="checkbox"/> Mandatory fee-based memberships for use of project amenities or services?		
	<input type="checkbox"/> Commercial and/or mixed-use exceeding 30% of the project?		

## II: Financial and Insurance Information

1.	Are there any units that are 30 or more days delinquent? <input type="checkbox"/> Yes ( <i>complete section to the right</i> ) <input type="checkbox"/> No
# of Units Delinquent	Outstanding Balance Owed
30 Days or more: _____	30 Days or more: _____
60 Days or more: _____	60 Days or more: _____
90 Days or more: _____	90 Days or more: _____
Total # of Units Delinquent: _____	Total Outstanding Balance Owed: _____

2.	What is the total income and reserves budgeted for this year?	Income: _____	Reserves: _____
3.	Does the homeowners' association have a reserve fund separate from the operating account? <b>If Yes</b> , Amount in fund: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	If any units or common elements are located in a Flood Zone, is there a master flood insurance policy in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is the homeowners' association insured for general liability with at least a \$1MM blanket policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Is the homeowners' association insured with a minimum of \$300,000 Fidelity Bond coverage? <i>(*Not required for projects with 20 units or less)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Master Insurance Policy Information

Insurance Carrier	
Agent Name	
Phone #	
Email	

### HOA Management Information

Name	
Position/Title	
Phone #	
Email	
Signature	
Date	
Email	



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