



Borrower Name(s):		Loan Number:	
Property Address:		Unit Number:	
Property City, State & Zip Code:		Project Name:	

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 in subject phase?	# units in phase _____	Entire Project
4.	How many units are sold and closed? NOTE: Sold and closed units must be 100% complete; lots and partial construction not acceptable	#units in phase _____	Entire Project
5.	What are the total number of buildings/phases within entire project?	_____	
6.	Are all common elements and amenities within the subject's phase complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Is the project a conversion of an existing building? If Yes , provide Date of conversion: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Does any one person or entity own more than 20% of the total units? If Yes , Provide the name and # of units owned by each entity: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Is the HOA involved in any litigation, mediation, arbitration or other dispute resolution process? If Yes , Explain and attach documentation: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Are there any adverse environmental factors affecting the project as a whole or as individual units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11.	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 60 or more days delinquent? <input type="checkbox"/> Yes (<i>complete section below</i>) <input type="checkbox"/> No	
# of Units Delinquent		Outstanding Balance Owed
60 Days or more: _____		60 Days or more: \$ _____

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? If Yes, 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? (*Not required for projects with 20 units or less)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Master Insurance Policy Information

Insurance Carrier	
Agent Name	
Phone #	
Email	

HOA Management Information (Note: All projects must be professionally managed; self-managed projects are ineligible.)

Name	
Position/Title	
Phone #	
Email	
Signature	
Date	
Email	



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