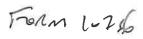


Project Physic City, State, and HOA Manager HOA Manager City, State, and Name of Mastr 1	Wust be completed d Zip Code Must be completed	tax ID# tanagement Tax ID# x Attached Subject Phase (New Construction Only)	x Detached Must be completed Entire Project (All Phases)		
Project Physic City, State, and HOA Manager HOA Manager City, State, and Name of Mastr 1	al Address Must be completed d Zip Code Must be completed, if applicable ment Company Must be completed, if applicable ment Address Must be completed, if applicable d Zip Code Must be completed, if applicable er or Umbrella Association, if applicable Must be completed, if applicable General Project Information re the units in the project If detached, a review is not required otal # of Buildings in the entire project Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of units for sale	x Attached Subject Phase (New Construction	Must be completed Entire Project		
City, State, and HOA Manager HOA Manager City, State, and Name of Maste 1 Ar 2 To To To To To To To To	ment Company Must be completed, if applicable ment Address Must be completed, if applicable d Zip Code Must be completed, if applicable er or Umbrella Association, if applicable Must be completed, if applicable General Project Information re the units in the project If detached, a review is not required otal # of Buildings in the entire project Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of units for sale	x Attached Subject Phase (New Construction	Must be completed Entire Project		
HOA Manager City, State, and Name of Mastr 1 Ar 2 To T	ment Company Must be completed, if applicable ment Address Must be completed, if applicable d Zip Code Must be completed, if applicable er or Umbrella Association, if applicable Must be completed, if applicable General Project Information re the units in the project If detached, a review is not required otal # of Buildings in the entire project Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of units for sale	x Attached Subject Phase (New Construction	Must be completed Entire Project		
HOA Manager City, State, and Name of Mastr 1	ment Address Must be completed, if applicable d Zip Code Must be completed, if applicable er or Umbrella Association, if applicable Must be completed, if applicable General Project Information re the units in the project If detached, a review is not required otal # of Buildings in the entire project Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of units for sale	x Attached Subject Phase (New Construction	Must be completed Entire Project		
City, State, and Name of Maste 1 Ar 2 To 3 To	and Zip Code Must be completed, if applicable er or Umbrella Association, if applicable Must be completed, if applicable General Project Information re the units in the project If detached, a review is not required rotal # of Buildings in the entire project Total Units Otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of units for sale	Subject Phase (New Construction	Must be completed Entire Project		
1	er or Umbrella Association, if applicable Must be completed, if applicable General Project Information re the units in the project If detached, a review is not required otal # of Buildings in the entire project Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of Units for sale	Subject Phase (New Construction	Must be completed Entire Project		
1	er or Umbrella Association, if applicable Must be completed, if applicable General Project Information re the units in the project If detached, a review is not required otal # of Buildings in the entire project Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of Units for sale	Subject Phase (New Construction	Must be completed Entire Project		
1 Ar 2 To 3 To	General Project Information re the units in the project If detached, a review is not required otal # of Buildings in the entire project Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of units for sale	Subject Phase (New Construction	Must be completed Entire Project		
2 Tc 3 Tc Tc Tc Tc Tc Tc Tc Tc	re the units in the project. If detached, a review is not required otal # of Buildings in the entire project Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of Units for sale	Subject Phase (New Construction	Must be completed Entire Project		
2 Tc 3 Tc Tc Tc Tc Tc Tc Tc Tc	tal # of Buildings in the entire project Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of Units for sale	Subject Phase (New Construction	Entire Project		
3	Total Units otal # of Residential Units otal # of Commercial/Non-Residential Units otal # of units complete otal # of Units for sale	(New Construction			
To	otal # of Commercial/Non-Residential Units otal # of units complete otal # of Units for sale				
To T	otal # of Commercial/Non-Residential Units otal # of units complete otal # of Units for sale		Must be completed		
To To To To	otal # of units complete otal # of Units for sale	1	Must be completed		
To To			Must be completed		
To To	otal # of Units sold and closed		Must be completed		
To			Must be completed		
To	otal number of units under bona-fide contracts		Must be completed Must be completed		
	otal # of units sold and closed or under contract to owner-occupants		Must be completed		
	otal # of units sold and closed or under contract to second home owners		Must be completed		
	otal # of units sold and closed or under contract to investor owners		Must be completed		
In In	otal # of units owned by the HOA clude intended occupancy of units under contract in these totals		1		
4	a. Total # of units being rented by the developer, sponsor, or converter		Must be completed		
7	b. Of these, how many are tenant occupied?				
	c. Of these, how many are vacant and marketed for sale?		Must be completed		
5	a. Does any single person/entity other than the sponsor/developer own more than one unit in the project?	Yes	No		
	b. If yes, how many units are owned by each?		201		
	Fannie – projects with 5-20 units – max 2; 21+ units – 20%; Freddie – 25%; Portfolio – 20% but, can ask for		J%		
6	a. Are all units, common elements, and facilities 100% complete in project and/or subject legal phase?	Yes	No		
	b. If no, describe any incomplete phases/units/areas:	Yes	l No		
	the project subject to any additional annexation or phasing? a. Has the HOA been turned over to the unit owners? Must be completed	Yes	No		
8		1 103	1110		
9 W	b. If yes, what date was control turned over? Must be completed that year was the project built? Must be completed				
9 ٧٧	Newly Converted or Rehabilitated Project Information	- Page 19 19 19 19 19 19 19 19 19 19 19 19 19			
10 Is	the project a conversion within the last 3 years of an existing structure that was used as an apartment, hotel/resort, tail or professional business, industrial or for other non-residential use? If yes, complete items a-g below	Yes	No		
	In what year was the property built? Must be completed, if applicable				
	b. In what year was the property converted? Must be completed, if applicable				
	 Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of all major mechanical components? Must be completed, if applicable 	Yes	No		
	d. Does the report from the licensed engineer indicate that the project is structurally sound, and that the condition and remaining useful life of the project's major components are sufficient? Must be completed, if applicable	Yes	No		
	e. Are all repairs affecting safety, soundness, and structural integrity complete? Must be completed, if applicable	Yes	No		
	f. Are replacement reserves allocated for all capital improvements? Must be completed, if applicable	Yes	No		
	g. Are the project's reserves sufficient to fund the improvements? Must be completed, if applicable	Yes	No		
	Project Characteristics and Amenities		Martin Co		
11	a. Do the unit owners have sole ownership and rights to use the project facilities and amenities?	Yes	No		
	b. If no, explain who has ownership interest in and rights to the use the project amenities and common areas:				
12 D					



				41			
	a. Hotel/Motel/Resort activities, manda	atory or voluntary rental pooling arrangements	, or other restrictions on	the	Yes		No
	unit owner's ability to occupy the un b. Deed or resale restrictions	IL .		_	Yes		No
					Yes		No
		for use of the project amenities or services			Yes		No
	e. Non-incidental income from busines	e operations			Yes	t	No
	f. Supportive or continuing care for se	niors or for residents with disabilities			Yes		No
	Provide additional detail here, if applicable (opt				•		
- 1	Provide additional detail fiele, il applicable (op-	ionaly					
13	Are any units or any part of the building used for	or non-residential or commercial space?			Yes		No
-10							
	If yes, complete the following table Must be con	npleted, if applicable		Causes	0/ Coupre	Enotar	ge of Total
	Type of Commercial or Non-Residential Use	Name of Owner or Tenant	# of Units	Square Footage			Footage
	1,750			rootage	rioject	oquaic	%
				-			%
					+		%
	Maria de la companya della companya della companya de la companya de la companya della companya	-fthat is separate from	m the regidential HOA	2 Include	ahove and h	olow I	,,,
	a. What is the total square footage	of commercial space that is separate from	on retail anges, anart	r monte coi	above and b	COS	
14		al purposes, such as public parking faciliti	es, retail space, apart	mems, co	IIIIICIGIAI OIII	ccs,	
	and so on	■ 1903/218/47				_	
	 b. Total square footage of all comr 			1012			
		Legal and Financial Informatio			- 0 : -	- 137	
15	How many unit owners are 60 or more days de	linquent on common expense assessments?	Must be completed	o of	1	1 -	
16	Does the project permit for a priority lien for un	paid common expenses in excess of 6 months	s (Florida only – III exces	is or	Yes	P 1	No
	12 months)? If yes, please provide the condor	ninium declaration/master deed or state statut	oo a) the nature of the				
4-	Is the HOA involved in any active litigation? If claim; b) if the insurance company is defending	yes, provide a liligation disclosure that describ	im: d) a conv of the		Yes	1 1	No
17	complaint; and e) the attorney's name and pho	no number bandling the claim	ini, d) a copy of the		100		
10	Does the HOA and/or management company a	edhere to one or more of the following financia	controls?		Yes		No
18	Congrete hank accounts are mainted	ined for the working account and the reserve	account each with appro	opriate acce		nd the b	ank in
	which funds are deposited sends or	pies of the monthly bank statements directly t	o the HOA	, p. 1.0.10	,		
	The management company maintain	ns separate records and back accounts for ea	ch HOA that uses its ser	vices, and	the managem	ent com	pany does
			•,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	not have the authority to draw chec	ks on, or transfer funds from, the reserve acco	unt of the HOA		Ŭ		,,
	not have the authority to draw chec	ks on, or transfer funds from, the reserve acco	unt of the HOA				,, ,
	not have the authority to draw chec	ks on, or transfer funds from, the reserve according must sign any check written on the reserve Insurance	unt of the HOA			0.19	
19	not have the authority to draw chec Two members of the board of direct	ks on, or transfer funds from, the reserve acco fors must sign any check written on the reserv Insurance	unt of the HOA		Yes	3.19	No
19	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo	ks on, or transfer funds from, the reserve acco fors must sign any check written on the reserve Insurance and zone? Must be completed	unt of the HOA			3 19	NE 200 0
19	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost	ks on, or transfer funds from, the reserve according must sign any check written on the reserve insurance and zone? Must be completed act only one option below)	e account			3 19	NE 200 0
19	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condomining	ks on, or transfer funds from, the reserve acco fors must sign any check written on the reserve Insurance and zone? Must be completed	e account			74 410	NE 200 0
19	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$	ks on, or transfer funds from, the reserve according must sign any check written on the reserve insurance and zone? Must be completed act only one option below) Image: Must be completed act only one option below) Image: Must be completed act only one option below)	e account			3 111	NE 200 0
19	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condomining Some other amount \$ Supply the information requested below. Do No	ks on, or transfer funds from, the reserve according must sign any check written on the reserve insurance of zone? Must be completed act only one option below) Image: The complete of the co	e account ce Program		Yes	- a 1/2	No
19	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condomining Some other amount \$ Supply the information requested below. Do Note that the property of the	ks on, or transfer funds from, the reserve according must sign any check written on the reserve according must sign any check written on the reserve according to the completed act only one option below) Image: A complete completed act only one option below) Image: A complete comp	e account ce Program Carrier/Agent Phone N	lumber	Yes	y Numbe	No Pr
	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note that the property of the supply the information requested below. Type of Insurance Hazard	ks on, or transfer funds from, the reserve according must sign any check written on the reserve according must sign any check written on the reserve according to the completed act only one option below) Image: A complete comple	e account ce Program Carrier/Agent Phone N Must be complete	lumber	Yes Policy Must be	/ Numbe	No er ted
19	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note that the control of the con	ks on, or transfer funds from, the reserve according must sign any check written on the reserve according must sign any check written on the reserve according to the completed action of the complete action o	ce Program Carrier/Agent Phone N Must be complete Must be complete	lumber d	Policy Must be	y Numbe e comple e comple	No Per ted ted ted
	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note that the control of the con	ks on, or transfer funds from, the reserve according must sign any check written on the reserve lost zone? Must be completed act only one option below) Ima available under the National Flood Insurance. OT enter "contact agent" Carrier/Agent Name Must be completed Must be completed Must be completed	ce Program Carrier/Agent Phone N Must be complete Must be complete Must be complete	lumber d d	Policy Must be Must be Must be	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted
	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condomining Some other amount \$ Supply the information requested below. Do Note that the properties of t	ks on, or transfer funds from, the reserve according must sign any check written on the reserve lost zone? Must be completed act only one option below) Image: A complete com	ce Program Carrier/Agent Phone N Must be complete	lumber d d	Policy Must be Must be Must be	y Numbe e comple e comple	No Per ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note Type of Insurance Hazard Liability Fidelity Flood	ks on, or transfer funds from, the reserve accorders must sign any check written on the reserve insurance of zone? Must be completed act only one option below) Imaliable under the National Flood Insurance. OT enter "contact agent" Carrier/Agent Name Must be completed Must be completed Must be completed Must be completed Must be completed, if applicable	ce Program Carrier/Agent Phone N Must be complete Must be compl	lumber dd dd dd dd	Policy Must be Must be Must be	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted
	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condomining Some other amount \$ Supply the information requested below. Do Note that the properties of t	ks on, or transfer funds from, the reserve according must sign any check written on the reserve lost zone? Must be completed act only one option below) Image: A complete com	ce Program Carrier/Agent Phone N Must be complete Sess, Habitability	lumber d d d d d d d sst be comple	Policy Must be Must be Must be Must be	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note to be the common of the common	ks on, or transfer funds from, the reserve according must sign any check written on the reserve lost zone? Must be completed act only one option below) Image: A complete com	ce Program Carrier/Agent Phone N Must be complete Sess, Habitability	lumber d d d d d d d sst be comple	Policy Must be Must be Must be	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note Type of Insurance Hazard Liability Fidelity Flood When was the last building inspection by a lice Did the last inspection have any findings related to the second lice.	ks on, or transfer funds from, the reserve according to the reserve acc	ce Program Carrier/Agent Phone N Must be complete Suit be compl	lumber d d d d d d d sst be comple	Policy Must be Must be Must be Must be	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note that the information requested below in the information requested below. Type of Insurance Hazard Liability Fidelity Flood When was the last building inspection by a lice of the last inspection have any findings related to the information requested a. If yes, have recommended repairs/	ks on, or transfer funds from, the reserve accorders must sign any check written on the reserve lost zone? Must be completed act only one option below) Image: Must be completed act only one option below) Image: Must be completed act only one option below) Image: Must be under the National Flood Insurance OT enter "contact agent" Carrier/Agent Name Must be completed Must be completed, if applicable uilding Safety, Structural Integrity, Soundarinsed architect, licensed engineer, or any other esafety, soundness, structural integrity, or habitable replacements been completed? Must be completed?	ce Program Carrier/Agent Phone N Must be complete Suit be compl	lumber dd dd dd dd dd sst be comple	Policy Must be Must be Must be ted Yes Yes	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note that the information requested below in the information requested below. Type of Insurance Hazard Liability Fidelity Flood When was the last building inspection by a lice of the last inspection have any findings related to the information requested a. If yes, have recommended repairs/	ks on, or transfer funds from, the reserve according to the reserve acc	ce Program Carrier/Agent Phone N Must be complete Suit be compl	lumber dd dd dd dd dd sst be comple	Policy Must be Must be Must be ted Yes Yes	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note that the information requested below in the information requested below. Type of Insurance Hazard Liability Fidelity Flood When was the last building inspection by a lice of the last inspection have any findings related to the information requested a. If yes, have recommended repairs/	ks on, or transfer funds from, the reserve accorders must sign any check written on the reserve lost zone? Must be completed act only one option below) Image: Must be completed act only one option below) Image: Must be completed act only one option below) Image: Must be under the National Flood Insurance OT enter "contact agent" Carrier/Agent Name Must be completed Must be completed, if applicable uilding Safety, Structural Integrity, Soundarinsed architect, licensed engineer, or any other esafety, soundness, structural integrity, or habitable replacements been completed? Must be completed?	ce Program Carrier/Agent Phone N Must be complete Suit be compl	lumber dd dd dd dd dd sst be comple	Policy Must be Must be Must be ted Yes Yes	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note Type of Insurance Hazard Liability Fidelity Fidelity Flood When was the last building inspection by a lice Did the last inspection have any findings related to the floor of the completed a. If yes, have recommended repairs/ b. If the repairs have not been completed c. When will the repairs/replacements	ks on, or transfer funds from, the reserve accordors must sign any check written on the reserve lost zone? Must be completed act only one option below) Ima available under the National Flood Insurant Carrier/Agent Name Must be completed Must be completed? Structural Integrity, Soundaries architect, licensed engineer, or any other as afety, soundness, structural integrity, or habitable replacements been completed? Must be completed, what repairs/replacements remain to be completed? Must be completed, if applicable	ce Program Carrier/Agent Phone N Must be complete Substitution To building inspector? Mustify of the project's building eted, if applicable completed? Must be complete completed? Must be completed.	Jumber d d d d d d d d d d d d d d d d d d d	Policy Must be Must be Must be Yes Yes Icable	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note Type of Insurance Hazard Liability Fidelity Fidelity Fidelity Flood When was the last building inspection by a lice Did the last inspection have any findings related to the Must be completed a. If yes, have recommended repairs/ b. If the repairs have not been completed c. When will the repairs/replacements Provide a copy of the inspection and HOA boards.	ks on, or transfer funds from, the reserve accordors must sign any check written on the reserve lost zone? Must be completed act only one option below) Ima available under the National Flood Insurance OT enter "contact agent" Carrier/Agent Name Must be completed Must be completed? Soundaries architect, licensed engineer, or any other as afety, soundness, structural integrity, or habitable replacements been completed? Must be completed, what repairs/replacements remain to be of the completed? Must be completed and meeting minutes to document findings and	ce Program Carrier/Agent Phone Now the complete Must be complete Stability or building inspector? Must be completed, if applicable completed? Must be completed to make the complete stability of the project's building make the completed of the project	Jumber d d d d d d d d d d d d d d d d d d d	Policy Must be Must be Must be Yes Yes Icable	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note Type of Insurance Hazard Liability Fidelity Fidelity Flood When was the last building inspection by a lice Did the last inspection have any findings related to the floor of the completed a. If yes, have recommended repairs/ b. If the repairs have not been completed c. When will the repairs/replacements	ks on, or transfer funds from, the reserve accordors must sign any check written on the reserve lost zone? Must be completed act only one option below) Ima available under the National Flood Insurance OT enter "contact agent" Carrier/Agent Name Must be completed Must be completed? Soundaries architect, licensed engineer, or any other as afety, soundness, structural integrity, or habitable replacements been completed? Must be completed, what repairs/replacements remain to be of the completed? Must be completed and meeting minutes to document findings and	ce Program Carrier/Agent Phone Now the complete Must be complete Stability or building inspector? Must be completed, if applicable completed? Must be completed to make the complete stability of the project's building make the completed of the project	Jumber d d d d d d d d d d d d d d d d d d d	Policy Must be Must be Must be ted Yes Yes icable	/ Numbe e comple e comple e comple	No No No No
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note Type of Insurance Hazard Liability Fidelity Fidelity Flood When was the last building inspection by a lice Did the last inspection have any findings related to the Must be completed a. If yes, have recommended repairs/ b. If the repairs have not been completed c. When will the repairs/replacements Provide a copy of the inspection and HOA boats the HOA aware of any deficiencies related to building(s)? Must be completed	ks on, or transfer funds from, the reserve accordors must sign any check written on the reserve lost zone? Must be completed act only one option below) Ima available under the National Flood Insurance OT enter "contact agent" Carrier/Agent Name Must be completed Must be completed? Must be completed, if applicable replacements been completed? Must be completed, what repairs/replacements remain to be completed, what repairs/replacements remain to be completed? Must be completed, if applicable red meeting minutes to document findings and othe safety, soundness, structural integrity, or	ce Program Carrier/Agent Phone Now the complete Must be complete Stability or building inspector? Must be completed, if applicable completed? Must be completed to make the complete stability of the project's building make the completed of the project	Jumber d d d d d d d d d d d d d d d d d d d	Policy Must be Must be Must be Yes Yes Icable	/ Numbe e comple e comple e comple	No Per ted ted ted ted ted ted
20	not have the authority to draw chec Two members of the board of direct Are the units or common areas located in a flo If yes, flood coverage is in force equaling (sele 100% Replacement Cost Maximum coverage per condominity Some other amount \$ Supply the information requested below. Do Note Type of Insurance Hazard Liability Fidelity Fidelity Fidelity Flood When was the last building inspection by a lice Did the last inspection have any findings related to the Must be completed a. If yes, have recommended repairs/ b. If the repairs have not been completed c. When will the repairs/replacements Provide a copy of the inspection and HOA boals the HOA aware of any deficiencies related to	ks on, or transfer funds from, the reserve accordors must sign any check written on the reserve lost zone? Must be completed act only one option below) Ima available under the National Flood Insurance OT enter "contact agent" Carrier/Agent Name Must be completed Must be completed? Must be completed, if applicable replacements been completed? Must be completed, what repairs/replacements remain to be completed, what repairs/replacements remain to be completed? Must be completed, if applicable red meeting minutes to document findings and othe safety, soundness, structural integrity, or	ce Program Carrier/Agent Phone Now the complete Must be complete Stability or building inspector? Must be completed, if applicable completed? Must be completed to make the complete stability of the project's building make the completed of the project	Jumber d d d d d d d d d d d d d d d d d d d	Policy Must be Must be Must be ted Yes Yes icable	/ Numbe e comple e comple e comple	No No No No





	b. Of these deficiencies what repairs/replacements remain to be completed? Must be completed, if applicable			
	c. Of these deficiencies, when will the repairs/replacements be completed? Must be completed, if applicable			
24	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 building(s)? If yes , provide notice from the applicable jurisdictional entity. Must be completed	Yes	No	
25	is it anticipated the project will, in the future, have such violation(s)? If yes , provide details of the applicable jurisdiction's requirement and the project's plan to remediate the violation. Must be completed	Yes	No	
26	Does the project have a funding plan for its deferred maintenance components/items to be repaired/replaced? Must be completed	Yes	No	
27	Does the project have a schedule for the deferred maintenance components/items to be repaired/replaced? If yes, provide schedule. Must be completed	Yes	No	
28	Has the HOA had a reserve study completed on the project in the past 3 years? Must be completed	Yes	No \$	
29	What is the total of the current reserve account balances? Must be completed			
30	Are there any current special assessments unit owners are obligated to pay? Must be completed	Yes		
30	Are there any current special assessments unit owners are obligated to pay? Must be completed a. What is the total amount of the special assessment? Must be completed, if applicable b. What are the terms of the special assessment? Must be completed, if applicable	Yes	No \$	
30	a. What is the total amount of the special assessment? Must be completed, if applicable b. What are the terms of the special assessment? Must be completed, if applicable c. What is the purpose of the special assessment? Must be completed, if applicable		\$	
	a. What is the total amount of the special assessment? Must be completed, if applicable b. What are the terms of the special assessment? Must be completed, if applicable c. What is the purpose of the special assessment? Must be completed, if applicable Are there any planned special assessments with the unit owners will be obligated to pay? Must be completed	Yes	\$ No	
	a. What is the total amount of the special assessment? Must be completed, if applicable b. What are the terms of the special assessment? Must be completed, if applicable c. What is the purpose of the special assessment? Must be completed, if applicable Are there any planned special assessments with the unit owners will be obligated to pay? Must be completed a. If yes, what will be the total amount of the special assessment? Must be completed, if applicable			
31	a. What is the total amount of the special assessment? Must be completed, if applicable b. What are the terms of the special assessment? Must be completed, if applicable c. What is the purpose of the special assessment? Must be completed, if applicable Are there any planned special assessments with the unit owners will be obligated to pay? Must be completed		\$ No	
31	a. What is the total amount of the special assessment? Must be completed, if applicable b. What are the terms of the special assessment? Must be completed, if applicable c. What is the purpose of the special assessment? Must be completed, if applicable Are there any planned special assessments with the unit owners will be obligated to pay? Must be completed a. If yes, what will be the total amount of the special assessment? Must be completed, if applicable b. What will be the terms of the special assessment? Must be completed, if applicable c. What will be the purpose of the special assessment? Must be completed, if applicable		No \$	
	a. What is the total amount of the special assessment? Must be completed, if applicable b. What are the terms of the special assessment? Must be completed, if applicable c. What is the purpose of the special assessment? Must be completed, if applicable Are there any planned special assessments with the unit owners will be obligated to pay? Must be completed a. If yes, what will be the total amount of the special assessment? Must be completed, if applicable b. What will be the terms of the special assessment? Must be completed, if applicable	Yes	\$ No	

THE WEST OF STREET	Contact Information
Name of Preparer	Must be completed
Title of Preparer	Must be completed
Preparer's Email	Must be completed
Preparer's Company Name	Must be completed
Preparer's Company Address	Must be completed
Date Completed	Must be completed
ST. S. TOWS AND SEC.	Documentation Checklist
	Condominium Questionnaire – 5+ Units – (Signed/Dated/Completed by the HOA/Management Company)
	Project Operating Budget - Must provide funding for capital expenditures/deferred maintenance (10% of budget) and insurance deductibles
	New or Newly Converted Projects Only - Recorded Legal Documents, including the Master Deed/Covenants, Conditions, and Restrictions (CC&R's)/Declarations and any amendments; signed and adopted By-Laws and any amendments
	Property Master Insurance must cover 100% of the insurable replacement cost of the project improvements, including the individua units in the project. An insurance policy that includes any of the following coverage, either in the policy language or in a specific endorsement to the policy, is acceptable: -> Guaranteed Replacement Cost—the insurer agrees to replace the insurable property regardless of the cost, -> Extended Replacement Cost—the insurer agrees to pay more than the property's insurable replacement cost, or -> Replacement Cost—the insurer agrees to pay up to 100% of the property's insurable replacement cost.
	Liability Policy - \$1 Million coverage for bodily injury/property damage per occurrence
	Master Flood Policy – The master flood insurance policy must be at least equal to the lower of 80% of the replacement cost, or The maximum insurance available from NFIP per unit (which is currently \$250,000).
П	Fidelity Insurance - Required if project has more than 20 Units B7-4-01 Fidelity Insurance
———	Litigation Letter, if applicable – If the project is currently involved in litigation, please provide documentation –



1 If the project is detached, Fannie Mae nor Freddie Mac require a review of the project - Project Type is "V"

6. Completion - Answering "No" will result in Guide Ineligibility for Established Projects. All units, common areas and facilities must be 100% complete and the project cannot be subject to additional phasing or annexation. 90% of the units must be conveyed to unit purchasers.

7. Annexation/Phasing - Answering "Yes" for an established project (developer has turned the project over to the HOA) will result in Guide Ineligibility.

- 8. Control Control of the HOA must be turned over to the Unit Owners. If the entire project is not complete, it may be eligible for review under "New Projects" and/or if the project is still in control of the developer, it may be eligible for review under "New Projects". If it is a new project, Legal phase must be substantially complete which means the unit and common elements in the building where the unit is located are complete except for the installation of buyer selected items in the remaining units.
- 10. Newly Converted/Rehabilitation Projects newly converted (≤ 3 years) non-gut rehabilitated projects are not eligible for delivery to Fannie Mae. They are eligible for delivery to Freddie Mac.
- 11. Amenities Unit owners in the project must have the sole ownership interest in, and rights to the use of the project's facilities, common elements, and limited common elements, except as noted below.

Shared amenities are permitted only when two or more HOAs share amenities for the exclusive use of the unit owners. The associations must have an agreement in place governing the arrangement for shared amenities that includes the following:

- a description of the shared amenities subject to the arrangement;
- a description of the terms under which unit owners in the project may use the shared amenities;
- provisions for the funding, management, and upkeep of the shared amenities; and
- provisions to resolve conflicts between the associations over the amenities.

Examples of shared amenities include, but are not limited to, clubhouses, recreational or fitness facilities, and swimming pools.

The developer may not retain any ownership interest in any of the facilities related to the project. The amenities and facilities—including parking and recreational facilities—may not be subject to a lease between the unit owners or the HOA and another party. Parking amenities provided under commercial leases or parking permit arrangements with parties unrelated to the developer are acceptable.

12a. Hotel/Motel/Resort Activities, mandatory or involuntary rental pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit – Answering "Yes" can//will result in Guide Ineligibility.

12b. Deed or Resale Restrictions – Will need a copy of the declarations to confirm the restrictions. If it's an age restricted, 55+ community, that is acceptable. As long as the restriction does not restrict due to sex, race, etc.

12c. Manufactured Homes - Manufactured home communities in a condominium regime are ineligible for delivery.

12d. Mandatory Fee-based memberships for use of the project amenities or services - see #11

12e. Non-Incidental Business Income - A condo project is ineligible if the HOA is 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 general public. This includes, but is not limited to, businesses such as a restaurant or other food- and beverage-related services, health clubs, and spa services.

Non-incidental income from the following sources is permitted provided the income does not exceed 15% of the project's budgeted income:

- income from the use of recreational amenities or services owned by the HOA for the exclusive use by unit owners in the project or leased to another project according to a shared amenities agreement (as noted below), or
- income from the leasing of units in the project acquired by the HOA through foreclosure.

The single-entity ownership limits (described above) will apply to the number of units owned and rented by the HOA.

12f. Supportive or continuing care for seniors or for residents with disabilities

13-14 – Commercial space – Maximum allowable commercial space is 35% of total square footage. Commercial space managed by or operated under a separate association, as well as rental apartments owned by a third party must be considered in this 35% calculation. Commercial parking spaces are excluded from the calculation

15. Delinquency of Assessments - If over 15% of the owners are over 60 days delinquent than the project is ineligible.

- 16. Priority Liens in excess of 6 months (Florida only in excess of 12 months Answering "Yes" could result in guide ineligibility. A copy of the either the declarations or state statue is required to determine when answered "yes"...
- 17. Litigation If question #17 is "Yes", it will/can result in guide ineligibility. Projects in which the HOA is named as a party to pending litigation, or for which the project sponsor or developer is named as a party to pending litigation that relates to the safety, structural soundness, habitability, or functional use of the project will result in Guide Ineligibility. If the lender determines that pending litigation involves minor matters with no impact on the safety, structural soundness, habitability, or functional use of the project, the project is eligible provided the litigation is limited to one of the following categories: (a) non-monetary litigation involving neighbor disputes or rights of quiet enjoyment; (b) litigation for which the claimed amount is known, the insurance carrier has agreed to provide the defense, and the amount is covered by the HOA's insurance; or (c) the HOA is named as the plaintiff in a foreclosure action, or as a plaintiff in an action for past due HOA assessments. A litigation letter, copy of complaint, insurance company defending complaint, estimated amount of complaint, and attorney's name/number is required.

18. Financial Control - Answering "No" will result in Guide Ineligibility

- 19. Flood Insurance Per Fannie Mae and Freddie Mac The coverage amount for the building must be at least equal to the lesser of
 - 80% of the replacement cost, or

• the maximum insurance available from NFIP per unit (which is currently \$250,000).

If the master flood insurance policy meets the minimum coverage requirement of 80% replacement cost, but the per unit coverage amount does not meet the requirement for mortgage loans secured by one- to four-unit properties, as described above, the unit owner must maintain a supplemental policy for the difference.

If the commercial space of an attached condo is over 25%, coverage provided by the General Property Form (or equivalent coverage) is insufficient. A private policy will need to be maintained by the HOA or a private policy in conjunction with a General Property Form policy (or equivalent coverage) to equate to coverage requirements for projects eligible for a Residential Condominium Building Association Policy.

The contents coverage must equal the lesser of 100% of the insurable value of all contents owned in common by the association members or the maximum amount available through the NFIP.

- 20. Hazard Insurance must cover 100% of the insurable replacement cost of the project improvements, including the individual units in the project. An insurance policy that includes any of the following coverage, either in the policy language or in a specific endorsement to the policy, is acceptable:
 - Guaranteed Replacement Cost-the insurer agrees to replace the insurable property regardless of the cost.



- Extended Replacement Cost—the insurer agrees to pay more than the property's insurable replacement cost, or
- Replacement Cost-the insurer agrees to pay up to 100% of the property's insurable replacement cost.

Policies with Coinsurance

Policies with coinsurance provisions can create additional risk for an HOA in the event of a loss if the amount of insurance coverage is less than the full insurable value. Master property policies that provide coverage at 100% of the insurable replacement cost of the project improvements, including the individual units, alleviate the risk of a coinsurance penalty being applied in the event of a loss.

If the policy has a coinsurance clause, inclusion of an Agreed Amount Endorsement or selection of the Agreed Value Option (which waives the requirement for coinsurance) is considered acceptable evidence that the 100% insurable replacement cost requirement has been met. If an Agreed Amount/Agreed Value provision is used, the Agreed Amount must be no less than the estimated replacement cost.

If the policy includes a coinsurance clause, but the coinsurance provision is not waived, the policy is still eligible if evidence acceptable to the lender confirms that the amount of coverage is at least equal to 100% of the insurable replacement cost of the project improvements. This evidence (documentation) must be maintained by the lender.

Special Endorsements

- Inflation Guard when it can be obtained
- Building Ordinance or Law Endorsement, if applicable and/or if obtainable
- Boiler and Machinery/Equipment Breakdown if the project has CA&H or cooling. This endorsement should provide for the insurer's minimum liability per accident to at least
 equal the lesser of \$2 million or the insurable value of the building(s) housing the boiler or machinery. In lieu of obtaining this as an endorsement to the commercial package policy,
 the project may purchase separate standalone boiler and machinery coverage.

Liability - the amount of coverage must be at least \$1 million for bodily injury and property damage for any single occurrence

Fidelity — The HOA policy must cover the maximum funds that are in the custody of the HOA agent at any time while the policy is in force. Fidelity/crime insurance is not required if the maximum estimated funds are less than or equal to \$5,000. A lesser amount of coverage is acceptable if the project's legal documents require, and/or another source acceptable to the seller verifies that the HOA and any management company adheres to one of the following financial controls:

- Separate bank accounts are maintained for the working account and the reserve account, each with appropriate access controls, and the bank in which funds are deposited sends copies of the monthly bank statements directly to the HOA
- The management company maintains separate records and bank accounts for each HOA that uses its services, and the management company does not have the authority to draw checks on, or transfer funds from the reserve account of the HOA
- Two members of the Board of Directors must sign any checks written on the reserve account

Even then, the fidelity/crime insurance coverage must equal at least the sum of three months of assessments on all units in the project, unless this calculated amount is less than or equal to \$5,000, in which case fidelity/crime insurance is not required.

21. Building Inspection – If applicable, must obtain a copy of the report. If a report has not been completed, most recent 6 months of meeting minutes or reserve study is required to determine if there is deferred maintenance and/or special assessments.

22-32. Critical Repairs, Material Deficiencies, Significant Deferred Maintenance, and/or Routine Repairs and Maintenance

- Critical Repairs Repairs and replacements that significantly impact the safety, soundness, structural integrity, or habitability of the project building(s) and/or that impact values, financial viability, or marketability of the project. These repairs and replacements include:
 - All life safety hazards
 - o Violations of any federal, state, or local law, ordinance or code relating to zoning, subdivision use, building, housing accessibility, health matters, or fire safety
 - Material deficiencies
 - Significant Deferred Maintenance
 - Material Deficiencies Unresolved problems that cannot reasonably be addressed by normal operation or routine maintenance and which include:
 - Deficiencies which, if left uncorrected, have the potential to result in or contribute to critical element or system failure in one year
 - Deficiencies that will likely result in a significant escalation of remedial cost related to any material building components that are approaching, have reached or exceed their typical expected useful life or whose remaining useful life should not be relied upon in view of actual or effective age, abuse, excessive wear and tear, poor maintenance, and exposure to elements
 - Any mold, water intrusions or potentially damaging leaks to the project's building(s)
- Significant Deferred Maintenance The postponement of normal maintenance, which cannot reasonably be resolved by normal operations or routine maintenance, and which may result in any of the following:
 - Advanced physical deterioration
 - Lack of full operation or efficiency
 - Increased operating cost
 - Decline in property value
- Routine Repairs and Maintenance -- Repairs and maintenance that are expected to be completed by the project in the normal course of business and are nominal in cost. These repairs are not considered to be critical and include work that is:
 - o Often preventative in nature
 - Accomplished within the project's normal operating budget
 - Typically completed by on-site staff
 - Focused on keeping the project fully functional and serviceable