

The power of yes.

QM & Non-QM Full Review Condominium Questionnaire

Borrower's Name:	Loan Numbe	r:	
I. Basic Project Information			
1. Project Legal Name:			
2. Project Physical Address:			
3. HOA Management Address:			
4. HOA Name (if different from Project Legal Name):			
5. HOA Tax ID#:			
6. HOA Management Company Tax ID#:			
7. Name of Master or Umbrella Association (if applicable):			
8. Does the project contain any of the following? Check all that apply:			
 8.a. Hotel/motel/resort activities, mandatory or voluntary rent occupy the unit 	al-pooling arrangements, or other restriction	s on the unit owne	er's ability to
8.b. Deed or resale restrictions			
8.c. Manufactured homes			
8.d. Mandatory fee-based memberships for use of project a	nenities or services		
8.e. Non-incidental income from business operations			
8.f. Supportive or continuing care for seniors or for residents	with disabilities		
8.g. Leases with a third party for access to recreational facili	lies		
8.h. Timeshare, fractional, or segmented ownership projects			
Provide additional detail here, if applicable (optional):			
II. Project Completion Information			
 Is the project 100% complete, including all construction or renovation or shared amenities for alt project phases? 	units, common elements, and	YES	NO
If No, complete lines a-f:			
a. Is the project subject to additional phasing or annexation?		YES	NO
b. Is the project legally phased?		YES	NO
c. How many phases have been completed?			
d. How many total phases are legally planned for the project?			
e. How many total units are planned for the project?			
f. Are alt planned amenities and common facilities fully complete?		YES	NO
2. Has the developer transferred control of the HOA to the unit owners?			
Yes, date transferred:	No, estimated date of transfer will occur:		
A&D Mortgage LLC	1	Office: 305.760.70	000

III. Newly Converted or Rehabilitated Project Information		
 Is the project a conversion within the past 3 years of an existing structure that was used as an apartment, hotel/resort, retail or professional business, industrial or for other non-residential use? 	YES	NO
If Yes, complete lines a-g:		
a. In what year was the property built?		
b. In what year was the property converted?		
c. Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of alt major mechanical components?	YES	NO
d. Does the report from the licensed engineer indicate that the project is structurallysound, and that the condition and remaining useful life of the project's major components are sufficient?	YES	NO
e. Are alt repairs affecting safety, soundness, and structural integrity complete?	YES	NO
f. Are replacement reserves allocated for alt capital improvements?	YES	NO
g. Are the project's reserves sufficient to fund the improvements?	YES	NO
IV. Financial Information		
1. How many unit owners are 60 or more days delinquent on common expense assessments?		

		a unit due to foreclos ient common expense		foreclosure, is the mortgagee	YES	NO
If Yes, for	how long is the m	ortgagee responsible	e for paying common ex	pense assessments?		
	Select One:	1 to 6 Months	7 to 12 Months	More than 12 Months		
3. Is the HOA	A involved in any a	active or pending litig	ation?		YES	NO
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If **Yes**, attach documentation regarding the litigation from the attorney or the HOA. Provide the attorney's name and contact information:

Attorney Name:

Attorney Phone Number:

V. Ownership & Other Information

1. Complete the following information concerning ownership of units:

	Entire Project	Subject Legal Phase (in which the unit is located) If Applicable
Total number of units		
Total number of units sold and closed		
Total number of units under bona-fide sales contracts		
Total number of units sold and closed or under contract to owner- occupants		
Total number of units sold and closed or under contract to second home owners		
Total number of units sold and closed or under contract to investor owners		
Total number of units being rented by developer, sponsor, or converter		
Total number of units owned by the HOA		

2. Complete the following table if more than one unit is owned by the same individual or entity.

Individual/ Entity Name	Developer or Sponsor (Yes or No)	Number of UnitsOwned	Percentage Owned of To Project Unit			ber ed at et Rent	Number Control	Leasedur	nder R	ent
	YES		i roject offi		marr	et Nem				
	NO YES			%						
	NO			%						
	YES NO			%						
	YES			70						
	NO			%						
3. Do the unit owners common areas?	have sole ownership	o interest in and the right	to use the project	ct amer	nities a	nd		YES		NO
If No, explain who ha	s ownership interest	in and rights to use the p	roject amenities	and cor	mmon a	areas:				
	uport of the building	used for non-residential						VEC		NO
-		used for non-residential	or commercial sp	bace?				YES		NO
If Yes, complete the f										
Type of Commercial Residential Use		ame of Owner or enant	Number of Units	Squa Foot		% Square Footage	e Footageof	Total Pro	ject S	quare
										%
										%
										%
										%
		nercial space in the buildi d for commercial purposes, s						mercial offi	ces, an	d so on.
Total square footage	of commercial space	:								
VI. Insurance Info	rmation & Finar	icial Controls								
1. Are units or comm	non elements located	I in a flood zone?				YES	N	0		
If Yes, flood coverag 100 % replac	ge is in force equalin	g (select only one option I	below):							
		nium available under the	National Flood							
Insurance Pr	ogram									
	amount (Enter amou		counts:							
	• • • •	garding HOA financial ac s for operating and reserv								
Appropriate a	access controls are i	n place for each account.								

The bank sends copies of monthly bank statements directly to the HOA.

Two members of the HOA Board of Directors are required to sign any check written on the reserve account.

The Management Company maintains separate records and bank accounts for each HOA that uses its services.

The Management Company does not have the authority to draw checks on, or transfer funds from, the reserve account of the HOA.

VI. Insurance Information & Financial Controls

3. Supply the	information requested below. Do NOT en	ter "contact agent."	
Type of Insurance	Carrier/Agent Name	Carrier/Agent Phone Number	Policy Number
Hazard			
Liability			
Fidelity			
Flood			

VII. Building Safety, Soundness, Structural Integrity, and Habitability		
1. Have there been any structural and/or mechanical inspections within the last 3 years as of the questionnaire completion date?	YES	NO
1a. If yes – provide all inspection reports.		
2. Did the last inspection have any findings related to the safety, soundness, structural integrity, or habitability of the project's building(s)?	YES	NO
2a. If Yes, have recommended repairs/replacements been completed?	YES	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?		
3. Are there any current evacuation orders for repairs/replacements being completed?	YES	NO
3a. If yes, describe:		
4. Is the HOA aware of any deficiencies related to the safety, soundness, structuralintegrity, or habitability of the project's building(s)?	YES	NO
4a. If Yes, what are the deficiencies?		
4b. Of these deficiencies, what repairs/replacements remain to be completed?		
4c. Of these deficiencies, when will the repairs/replacements be completed?		
4d. Does the project have an acceptable Certificate of Occupancy and/or has the project passed local regulatory inspections or re-certifications? (Provide documentation if applicable)	YES	NO
5. Are there any special assessments or outstanding violations of jurisdictional requirements? (zoning ordinances, codes, etc.) related to the safety, soundness, structural integrity, or habitability of the project's building(s)?	YES	NO
5a. If yes , provide notice from the applicable jurisdictional entity 6. Are there any plans for repairs or maintenance that would require full or partial evacuation of any building(s) in	YES	NO
the project to complete them?	120	NU
6a. If yes , explain reason and duration:		

7. Are there any scheduled repairs or maintenance over \$10,000 per unit that are not fully funded/budgeted?	YES	NO
7a. If yes, provide further explanation and amount of repairs/maintenance:		
7b. If yes , will this be undertaken within the next 12 months?	YES	NO
8. What is the total of the current reserve account balance(s)?		
9. Does the HOA have any current or proposed special assessments? (Select One) Current	Proposed	None
If there are current or proposed special assessments, answer the following questions: 9a. Provide the purpose for the special assessment, the total amount assessed, the repayment terms, the rer owner's monthly obligation, and the expected date the assessment will be paid in full. (If repairs are needed, provide the associated total cost of repair):	naining balance, the	e unit
9b. Is the assessment already included in the unit owner's HOA dues?	YES	NO
9c. When was the special assessment approved? Is it planned or already being executed?		
9d. How many unit owners are 60 or more days delinquent on current special assessments?		
 Is the project managed as a hotel or motel or is it a houseboat, timeshare, or segmented ownership project? I0a. If yes, please specify: 		

Contact Information
Name of Preparer:
Title of Preparer:
Preparer's Phone:
Preparer's Email:
Preparer's Company Name:
Preparer's Company Address:
Date Completed: