

The power of yes.

A&D Mortgage LLC

Non-QM Limited Review Condominium Questionnaire (For Internal Use Only)

| Borrower's Name: | | Loan Number: | |
|---|---|---|-------------------|
| I. Basic P | roject Information | | |
| 1. Pro | ject Legal Name: | | |
| 2. Pro | ject Physical Address: | | |
| 3. Pro | ject Phase: | | |
| 4. Reg | gular Monthly HOA Dues (per unit): | | |
| 5. Yea | r Project 100% Complete: | | |
| 6. Yea | r HOA Control Turned Over to Unit Owners: | | |
| | ase answer all the following: , "unknown" and value ranges/estimates are not acceptable | Subject Phase | Entire Project |
| Total ı | number of units | | |
| Numb | er of residential units | | |
| Total ı | number of units sold/under contract | | |
| II. Additio | nal Information | | |
| 1. Does the project or the subject unit contain any of the following characteristics? Check all that apply: | | | |
| 1. Doe | es the project or the subject unit contain any of the following c | haracteristics? Chec | k all that apply: |
| 1. Doe | es the project or the subject unit contain any of the following c 1.a. Hotel/motel/resort activities, mandatory or voluntary rer other restrictions on the unit owner's ability to occupy the un | ntal-pooling arranger | |
| 1. Doe | 1.a. Hotel/motel/resort activities, mandatory or voluntary rer | ital-pooling arranger it. | |
| 1. Doe | 1.a. Hotel/motel/resort activities, mandatory or voluntary rer other restrictions on the unit owner's ability to occupy the un | ntal-pooling arranger it. nenities or services. | |
| 1. Doe | 1.a. Hotel/motel/resort activities, mandatory or voluntary rerother restrictions on the unit owner's ability to occupy the unit 1.b. Mandatory fee-based memberships for use of project and | ntal-pooling arranger it. nenities or services. ng facilities. | |
| 1. Doe | 1.a. Hotel/motel/resort activities, mandatory or voluntary remother restrictions on the unit owner's ability to occupy the unit 1.b. Mandatory fee-based memberships for use of project and 1.c. Supportive or continuing care for residents/assisted living | ntal-pooling arranger it. nenities or services. ng facilities. | |
| Provic | 1.a. Hotel/motel/resort activities, mandatory or voluntary remother restrictions on the unit owner's ability to occupy the unit 1.b. Mandatory fee-based memberships for use of project and 1.c. Supportive or continuing care for residents/assisted livin 1.d. Timeshare, fractional, or segmented ownership projects. | ntal-pooling arranger it. nenities or services. ng facilities. | |
| Provic here, | 1.a. Hotel/motel/resort activities, mandatory or voluntary rerother restrictions on the unit owner's ability to occupy the unit 1.b. Mandatory fee-based memberships for use of project an 1.c. Supportive or continuing care for residents/assisted livir 1.d. Timeshare, fractional, or segmented ownership projects. 1.e. Mobile homes, houseboats or any other non-real estate? | ntal-pooling arranger it. nenities or services. ng facilities. | |
| Provic here, 2. Is t | 1.a. Hotel/motel/resort activities, mandatory or voluntary rerother restrictions on the unit owner's ability to occupy the unit 1.b. Mandatory fee-based memberships for use of project an 1.c. Supportive or continuing care for residents/assisted livir 1.d. Timeshare, fractional, or segmented ownership projects. 1.e. Mobile homes, houseboats or any other non-real estate? le additional details if applicable: | ntal-pooling arranger it. nenities or services. ng facilities. | nents, or |

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Office: 305.760.7000

| II. Additional Information | | |
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| 3. Is more than 50% of the total square footage of the project used for non-residential use? | Yes | No |
| If Yes , please specify the % and describe the nature of business | | |
| 4. Does any Single entity own more than one unit? | Yes | No |
| If Yes , list how many units each owns: | | |
| 5. Are we aware of any safety issues? | Yes | No |
| If Yes , please specify: | | |
| 6. Are we aware of any special assessments? | Yes | No |
| If Yes , please specify: | | |
| Contact Information | | |
| Name of Preparer: | | |
| Title of Preparer: | | |
| Date Completed: | | |