

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.	
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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		
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:		