

Project Name: _____ Subject Phase: _____ Unit #: _____

Subject Property Address: _____ City: _____ State: _____ Zip: _____

SECTION 1: Completion and Sales Information			
1. What are the units/projects HOA fees?		\$	
2. What is the total number of units in the entire project?			
3. What is the total number of units sold in the entire project?			
4. How many total legal phases are in the project?			
5. Is the project subject to any additional phasing or annexation?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Are all phases complete including facilities & common areas and limited common elements?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Describe any incomplete areas:			
8. Are the unit Owner's in control of the Home Owner's Association?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Date the unit Owner's took control of the home Owner's Association?			
10. Total number of units in the entire project that are occupied as a PRIMARY RESIDENCE or SECOND HOME			
11. Total number of units in the entire project that are TENANT OCCUPIED			
12. Are any owners multiple unit owners?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. If yes, provide a complete breakdown of all multiple unit owners AND number of units owned by each in the space below:			
SECTION 2: Project Characteristics & Amenities			
14. Does the subject allow short term rentals?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. If yes, Does the project have on-site registration/Check-in Desk, cleaning/maid and or master telephone service(s)?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. Is there manufactured housing, timeshare/segmented ownership or cooperative housing units in this project?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. Does the project contain one or more units with less than 400 square feet of space?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
18. What percentage of the total square footage of the project is used for non-residential or commercial purposes?		%	
19. Does the HOA own or operate any business located inside the project?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. If yes, describe business:			
21. Is the project on leased land? If yes, please attach a copy of the executed lease agreement to this questionnaire		Yes <input type="checkbox"/> No <input type="checkbox"/>	
22. Are the units separately metered for electricity and gas?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
23. If the units are Not separately measured for utilities, are plans in place to install separate meters?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
24. Do the unit owners have sole interest in & rights to the use of all recreational facilities, common areas & limited common elements?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
25. If yes, are these common facilities owned solely by the project's HOA and/or Master Association?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
SECTION 3: Legal/financial Information			
26. Provide the number of unit owners that are 30 days or more delinquent in their unit dues/assessments.			
27. Is the HOA subject to current OR pending litigation with anyone for any reason (regardless of being named plaintiff or defendant)?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, describe in detail below (include nature of litigation, dollar amount and if insurance carrier has been engaged. Please attach any available documentation regarding litigation)			
28. Are any special assessments planned in the next year?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
29. If yes, provide below purpose of special assessment and approximate dollar amount to be collected and available payment plans			
30. Have there been any special assessments in the past 12 months?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
31. If yes, describe in the space below the purpose of the special assessment along with the total dollar amount and the number of unit owners that have paid the assessment and how many unit owners' assessment remain unpaid			
32. Please provide total dues to be collected for the current calendar year for all units		\$	
33. Current amount in the replacement reserve account (NOT the operating account)? Please attach copies of budget & financials.		\$	
34. Is the reserve account kept separately from the operating account?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
35. Are dual signatures required for check writing?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
SECTION 4: Insurance Information (Please do not enter "Contact Agent")			
	Carrier or Agent Name	Carrier or Agent Phone Number	Policy #
Hazard			
Liability			
Fidelity			
Flood			
36. Does the master HAZARD/DWELLING policy cover the interior of the units (including walls, flooring cabinetry)?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
37. Does the master HAZARD/DWELLING policy cover BETTERMENTS & IMPROVEMENTS?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
SECTION 5: Certification of Information. By signing below, you are certifying the above information is true and correct.			
Name/Signature of Authorized HOA Representative:			
Date Completed:		Phone Number:	