

LIMITED REVIEW PROJECT QUESTIONNAIRE

BORROWER'S NAME: _____ **LOAN NUMBER:** _____

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| 1 | Project Legal Name | |
| 2 | Project Physical Address | |
| 3 | Subject Unit # | |
| 4 | Subject Unit Phase | |
| 5 | Number of Units in Project | |
| 6 | Regular Monthly HOA Dues (per unit) | |
| 7 | HOA Management Address | |
| 8 | HOA Name (if different from Project Legal Name) | |
| 9 | HOA Tax ID # | |
| 10 | HOA Management Company Tax ID # | |
| 11 | Name of Master Umbrella Association (if applicable) | |

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| 12 | When was the last building inspection by a licensed architect, licensed engineer, or any other building inspector? | |
| 13 | <p>Did the last inspection have any findings related to the safety, soundness, structural integrity, or habitability of the project's building(s)?</p> <p>13a) If yes, have recommended repairs/replacements been completed?</p> <p>If the repairs/replacements have not been completed, answer the following questions:</p> <p>13b) What repairs/replacements remain to be completed?</p> <p>13c) When will the repairs/replacements be completed?</p> | <p>Yes No</p> <p>Yes No</p> |
| 14 | <p>Is the HOA aware of any deficiencies related to the safety, soundness, structural integrity, or habitability of the project's building(s)?</p> <p>14a) If yes, what are the deficiencies?</p> <p>14b) Of these deficiencies, what repairs/replacements remain to be completed?</p> <p>14c) Of these deficiencies, when will the repairs/replacements be completed?</p> <p>14d) 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)</p> | <p>Yes No</p> <p>Yes No</p> |
| 15 | <p>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)?</p> <p>15a) If yes, provide notice from the applicable jurisdictional entity</p> | <p>Yes No</p> |
| 16 | <p>Are there any plans for repairs or maintenance that would require full or partial evacuation of any building(s) in the project to complete them?</p> <p>16a) If yes, explain reason and duration:</p> | <p>Yes No</p> |
| 17 | <p>Are there any scheduled repairs or maintenance over \$3,000 that are not fully funded/budgeted?</p> <p>17a) If yes, provide further explanation and amount of repairs/maintenance:</p> <p>17b) If yes, will this be undertaken within the next 12 months?</p> | <p>Yes No</p> <p>Yes No</p> |
| 18 | What is the total of the current reserve account balance(s)? | |
| 19 | <p>Does the HOA have any current or proposed special assessments? Select One: Current Proposed None</p> <p>If there are current or proposed special assessments, answer the following questions:</p> <p>19a) Provide the reason for the special assessment, the total amount assessed, the repayment terms, and the unit owner's monthly obligation. (If repairs are needed, provide the associated total cost of repair):</p> <p>19b) Is the assessment already included in the unit owner's HOA dues?</p> <p>19c) If the special assessments are current, has at least 95% of the amount budgeted for the special assessment been collected?</p> | <p>Yes No</p> <p>Yes No</p> |

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| 20 | Is the project managed as a hotel or motel or is it a houseboat, timeshare, or segmented ownership project? 20a) If yes, please specify: | Yes No |
| 21 | Is the HOA involved in any mediation, pre-litigation, pending litigation, or active litigation? If yes, provide a copy of the complaint as well as a letter from the HOA, its insurance company, or its lawyer stating if the insurance is providing the defense, if the insurance is covering the losses, and ONE of the following 1) the full claimed amount of the case, 2) a range in which the claimed amount may sit in, or 3) assurance that the potential claimed amount will not exceed the policy limits. [For Freddie Mac files, the litigation letter MUST come from an attorney] | Yes No |

CONTACT INFORMATION

| | | |
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| 1 | Name of Preparer | |
| 2 | Title of Preparer | |
| 3 | Preparer's Company Name | |
| 4 | Preparer's Phone | |
| 5 | Preparer's Email | |
| 6 | Preparer's Company Address | |
| 7 | Date Completed | |

I, the undersigned, certify that to the best of my knowledge, belief, the information and statements contained on this form, and the attachments are true and correct.

Signature of Association Representative or Preparer

Date

Name of Association Representative or Preparer

Title

Preparer's Company Address

Preparer's Phone Number