

## QM Loan Limited Review HOA Questionnaire

| Project Legal Name  |                                  | Name of Preparer          |                        |                   |
|---|----------------------------------|---------------------------|------------------------|-------------------|
| Subject Property  |                                  | Title of Preparer         |                        |                   |
| Date Completed  |                                  | Preparer's Email/Phone    | e                      |                   |
| 1. Building Type (subject prop  | perty):                          |                           | ☐ Detached             | ☐ Attached        |
| 2. Has the homeowners' association been turned over to the unit owners?         |                                  |                           | ☐ Yes                  | □No               |
| If No, estimated date of tra  | ansfer:                          |                           |                        |                   |
| 3. What's the monthly HOA F   | ee (subject property)?           |                           |                        |                   |
| 4. Unit Information: Total nu   | mber of units:                   | ; Total number of ur      | nits sold:             |                   |
| 5. Does the project contain ar  | ny of the following?             |                           |                        |                   |
| a. Hotel/motel/resort activ   | vities, mandatory or voluntary   | rental pooling arranger   | ments, or other res    | strictions on the |
| unit owner's ability to occupy the unit   |                                  |                           | ☐ Yes                  | □ No              |
| b. Manufactured homes   |                                  |                           | ☐ Yes                  | □ No              |
| c. Mandatory fee-based memberships for use of project amenities or services     |                                  |                           | ☐ Yes                  | □ No              |
| d. Supportive or continuing care for seniors or for residents with disabilities |                                  |                           | ☐ Yes                  | □ No              |
| 6. Are all units owned fee simple or leasehold?                                 |                                  |                           | ☐ Fee Simple           | ☐ Leasehold       |
| 7. Please indicate the highest  | number of units owned by a si    | ingle entity owner in the | e project:             |                   |
| 8. Is there any space that is used for nonresidential or commercial purposes?   |                                  |                           | ☐ Yes                  | □ No              |
| If Yes, what percentage of t  | the project?                     | _                         |                        |                   |
| 9. If a unit is taken over in for   | eclosure or deed-in-lieu, is the | mortgagee (lender) res    | ponsible for deling    | uent HOA dues?    |
| ☐ Yes ☐ No  |                                  |                           |                        |                   |
| If Yes, how many months?_   |                                  |                           |                        |                   |
| 10. Is there any pending litigation involving the homeowner's association?      |                                  |                           | ☐ Yes                  | □ No              |
| If Yes, provide the copy of   | the complaint and any other d    | locument to indicate the  | e litigation details a | nd status.        |
| 11. Is there currently any sign   | nificant deferred maintenance o  | or physical obsolescence  | noted in the proje     | ct?               |
|   |                                  |                           | ☐ Yes                  | □No               |
| 12. When was the last building  | ng inspection completed?         |                           |                        |                   |
| If completed within the las   | t three years, provide a copy of | f the report.             |                        |                   |
| 13. Are there any special assessments unit owners are obligated to pay?         |                                  |                           | ☐ Yes                  | □ No              |
| If Yes, complete lines a-d:   |                                  |                           |                        |                   |
| a. Total amount of the spe  | cial assessment(s)               |                           |                        |                   |
| b. Monthly payment  |                                  |                           |                        |                   |
| c. Terms of the special asse  | essment(s)                       |                           |                        |                   |
| d. Purpose of the special a   | ssessment(s)                     |                           |                        |                   |
| 14. How many unit owners ar   | re 60 days or more past due on   | the special assessment    | payment?               |                   |