

## **QM Loan Limited Review HOA Questionnaire**

Project Legal Name		HOA Prepare Name			
Subject Property		Position/Title			
Date		Email/Phone			
1. Building Type (subject property):			□Detached	□Attached Ha	
2. control of the owners association been turned over to the HOA?			□Yes	□No	
If Yes, date of the transfer:_	; If No, esti	mated date of transfer:			
3. What's the monthly HOA Fo	ee (subject property)?				
4. Unit Information: Total nur	mber of units:	; Total number of units sol	d:		
5. Does the project contain any	y of the following?				
a. Hotel/motel/resort activities	, mandatory or voluntary rental	pooling arrangements, or oth	er restrictions on the	2	
unit owner's ability to oc	cupy 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	s with disabilities	□Yes	□No	
6. Is the project Leasehold Estate or A Fee? □ Leasehold			old □Fee	□Fee Simple	
7. Please indicate the highest r	number of units by a single entit	ty owner in the project:			
8. Is there any space that is use	ed for nonresidential or comme	rcial purposes?	□Yes	□No	
If Yes, what percentage of t	he project?				
9. If a unit is taken over in force	eclosure or deed-in-lieu, is the r	nortgagee (lender) responsible	e for delinquent HO	A dues?	
			□Yes	□No	
If Yes, are they responsible f	for: $\square 0$ -6 months	□7+ months			
10. Is there any pending litigat	tion involving the homeowner's	s association?	□Yes	□No	
**If Yes, provide the attorn	ney letter and any other related	document to indicate the litig	ation details and stat	tus. Additional	
condition may apply.					
11. Is there currently any signi	ificant deferred maintenance or	physical obsolescence noted	in the project?		
			□Yes	□No	
12. When was the last building	g inspection completed?				
**If completed within the l	ast three years, provide a copy	of 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 spec	ial assessment(s)				
b. Monthly payment					
c. Terms of the special asse	essment(s)				
d. Purpose of the special as	sessment(s)	-			
14 How many unit owners are	e 60 days or more past due on th	ne snecial assessment navmen	t?		