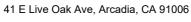


QM Loan Full Review HOA Questionnaire

| Project Legal Name | HOA P | repare Name | | | | |
|--|-----------------------------------|-----------------------|----------------|------------------|--|--|
| Subject Property | Position/ Title | | | | | |
| Date | Email/ | Phone | | | | |
| 1. Building Type (subject property): | | | ☐ Detached | ☐ Attached | | |
| 2. Has control of the owners association been turned over to the HOA? | | | □ Yes | □ No | | |
| If Yes, date of the transfer:; If No, estimated date of transfer: | | | | | | |
| 3. Is the project 100% complete, including all construction or renovation of units, common elements, and shared | | | | | | |
| amenities for all project phases? | | | ☐ Yes | □No | | |
| If No, complete lines a-c: | | | | | | |
| a. Is the project subject to additional phasing or annexation? | | | ☐ Yes | □ No | | |
| b. Is the subject legal phase 100% complete to buyer's preference (i.e. plumbing, electricity, sub-flooring and | | | | | | |
| drywall)? | | | ☐ Yes | □ No | | |
| c. Are common areas and recreati | onal facilities associated with t | the subject phase com | plete? □ Yes | □ No | | |
| 4. What's the monthly HOA Fee (sub | ject property)? | | | | | |
| 5. Total number of phases:Subject Phase #: | | | | | | |
| | | Entire project | t Su | bject phase | | |
| a. Total number of units | | | | | | |
| b. Total number of units under contr | act for sale | | | | | |
| c. Total number of units sold | | | | | | |
| d. Total number of units sold and under contract to investor owner | | | | | | |
| e. Total number of units sold and under contract to owner-occupants | | | | | | |
| 6. Does the project contain any of the following? | | | | | | |
| a. Hotel/motel/resort activities, n | | pooling arrangements | . or other res | trictions on the | | |
| unit owner's ability to occupy the | | | 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 | | | |
| 7. Is the project Leasehold Estate or A Fee? | | | | | | |
| 8. Please indicate the highest number of units by a single entity owner in the project: | | | | | | |
| 9. Is there any space that is used for nonresidential or commercial purposes? | | | ☐ Yes | □ No | | |
| If Yes, what percentage of the proj | ect? | | | | | |
| 10. If a unit is taken over in foreclosure or deed-in-lieu, is the mortgagee (lender) responsible for delinquent HOA | | | | | | |
| dues? | | | ☐ Yes | □ No | | |
| If Yes, are they responsible for: | □ 0-6 months □ 7 | + months | | | | |
| 11. Is there any pending litigation involving the homeowner's association? | | | ☐ Yes | □No | | |
| **If Yes, provide the attorney letter and any other related document to indicate the litigation details and status. | | | | | | |
| Additional condition may apply. | | | | | | |
| 12. Is the project a conversion? | | | ☐ Yes | □No | | |



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| If Yes, date of conversion: | | | | | |
|---|-------------------|-----------------|--|--|--|
| 13. Is the budget adequate and does it provide for the funding of replacement reserve | ves for capital e | xpenditures and | | | |
| deferred maintenance that is at least 10% of the budget? | ☐ Yes | □ No | | | |
| 14. If the unit owners in the project have the sole ownership interest in, and rights to the use of the project's facilities, | | | | | |
| common elements, and limited common elements? | ☐ Yes | □ No | | | |
| 15. Total # of Units Delinquent on HOA Dues greater than 60 days: | | | | | |
| 16. Is there currently any significant deferred maintenance or physical obsolescence noted in the project? | | | | | |
| | ☐ Yes | □ No | | | |
| 17. When was the last building inspection completed? | | | | | |
| **If completed within the last three years, provide a copy of the report. | | | | | |
| 18. Are there any special assessments unit owners are obligated to pay? | ☐ Yes | \square No | | | |
| If Yes, complete lines a-d: | | | | | |
| a. Total amount of the special assessment(s) | | | | | |
| b. Monthly payment | | | | | |
| c. Terms of the special assessment(s) | | | | | |
| d. Purpose of the special assessment(s) | | | | | |
| 19. How many unit owners are 60 days or more past due on the special assessment payment? | | | | | |
| | | | | | |
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