

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 |
| 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. What's the monthly HOA Fee (subject property)? | | | | |
| 4. Unit Information: Total number of units:; Total number of units sold: | | | | |
| 5. Does the project contain any of the following? | | | | |
| a. Hotel/motel/resort activities, mandatory or voluntary rental pooling arrangements, or other restrictions on the | | | | |
| unit owner's ability to o | occupy the unit | | 🗆 Yes | □ No |
| b. Manufactured homes | | | 🗆 Yes | 🗆 No |
| c. Mandatory fee-based n | nemberships for use of project | amenities or services | 🗆 Yes | 🗆 No |
| d. Supportive or continuin | ng care for seniors or for reside | nts with disabilities | 🗆 Yes | □ No |
| 6. Is the project Leasehold Estate or A Fee? | | | | |
| 7. Please indicate the highest number of units by a single entity owner in the project: | | | | |
| 8. Is there any space that is u | used for nonresidential or comr | mercial purposes? | □ Yes | □ No |
| If Yes, what percentage of the project? | | | | |
| 9. 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 | | |
| 10. Is there any pending litig | ation involving the homeowne | r'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. | | | | |
| 11. Is there currently any significant deferred maintenance or physical obsolescence noted in the project? | | | | |
| | | | □ Yes | 🗆 No |
| 12. When was the last building inspection completed? | | | | |
| **If completed within the last three years, provide a copy of the report. | | | | |
| 13. Are there any special ass | essments unit owners are oblig | gated to pay? | □ Yes | 🗆 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) | | | | |
| 14. How many unit owners are 60 days or more past due on the special assessment payment? | | | | |