CONDO / PUD CERTIFICATION (Limited Review)

Borrow	er N	ame _			Loan #		
Propert	y Ad	dress	·				
				Project Address			
Phase #	(if a	ny) _	City _		State	Zip	
B) D C) D	ate d ate H	of cor	oject?	lding to Condomi ne unit owners:	nium (if applicable): _	□Attached	
טו (ט Project			ssociation dues for the sub	oject: \$			
rioject		No					
1.			Is there any current or pescribe the purpose of the	-		ount and available pa	ayment plans:
2.	□ □ Is there any deferred maintenance?						
	If yes, describe any deferred maintenance						
	If both of #1 & #2's answer is yes, please provide detailed budget report.						
3.			Are there any unfunded	repairs totaling r	nore than \$10,000 pe	er unit in the project?	?
4.		☐ Are there any current evacuation orders due to unsafe conditions in the project?					
5.	☐ ☐ Are there any structural or mechanical inspection reports that have been completed within the last 3 y						ed within the last 3 years
	If yes, please provide report.						•
6.	☐ ☐ Is the project in need of any critical repairs or replacements that significantly impact the safety, sounds						ct the safety, soundness,
	structural integrity, or habitability of the project's building (s) and/or that impact unit values, financial viability, or						
	marketability of the project?						,, ,
	If yes, please explain the deficiency and what repairs to be completed:						
7.			Is the project fee simple	?			
8.	☐ ☐ Are more than 15% of the total units in the project 60 days or more past due on their HOA common ex						eir HOA common expens
	assessments?						
9.	☐ ☐ Is all construction and / or rehabilitation at the Project complete? (This include all units, pools, club house						its, pools, club house, ter
	court, and other amenities)						
10.	. Does any single entity own more than 20% of the units in the entire project?						
	If yes, please list name and # of units:						
11.	☐ ☐ Is the Association involved in any type of litigation? If yes, please explain and attach documentation:						
	If y	es, pi	ease explain and attach do	ocumentation:			
e inforn ted belo		n pr	ovided is accurate to the	best of my know	ledge as of	(date), it is p	provided on behalf of HC
						_	
		Si	gnature		Date		
						Have of:	e you included copies
	Print Name				Title	_ □ M	aster Insurance Policy
						_	
		Con	npany Name	Pho	ne / E-mail		