VICTORY
WHOLESALE LOANS

Certified Limited Condo Questionnaire

Legal Name of Project:		HOA IRS Tax ID# (TIN):	
Project Address:	City:	State:	Zip:

**** Please answer all questions, sign and date the certification at the bottom of the questionnaire ****

1	a.	Total number of residential units in entire project:	
	b.	Number of units conveyed to unit purchasers:	
	c.	Number of owner occupied and second home units:	
	d.	Number of investor owned units: ***Complete above only if loan/unit is for an investment property***	
2	Are there any commercial units in the project? If yes, complete a-c		
	a.	What is the total number of commercial units:	
	b.	Of the TOTAL PROJECT SQUARE FOOTAGE, what is the percentage of commercial space of the square footage:	
	c.	Does the HOA own/operate any of the commercial units?	
3	Are there any units in this project with resale or deed restrictions other than age restrictions?		
4	Are there any manufactured homes in the project?		
5	Does any single person or entity own more than 10% of the units, OR if there are 20 units or less in the project, does any single person or entity own more than one unit? If yes, How many units?		
6	If there is a Master or Umbrella Association, what is the monthly unit assessment amount or N/A if not applicable?		
7	What is the number of units for which the HOA dues are currently delinquent more than 60 days?		
8	How many months is the mortgagee responsible for delinquent HOA dues if the unit is taken over in foreclosure/deed in lieu of?		
9	Is the HOA, project developer or sponsor involved in pending litigation? If yes, provide attorney letter explaining litigation.		

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10	Does the HOA or management company advertise or facilitate short term rental of less than 30 days?	
11	Does the project have on-site check in rental desk?	
12	Does the project have on-site daily cleaning service?	
13	Does the project have any units available for time share?	
14	Is there a hotel located at the same address or within the project?	
15	Do the project documents require mandatory or voluntary rental pooling or revenue sharing?	
16	Is the project or any part of the project an assisted living community providing meals or medical care?	
17	Does the project restrict the owners ability to occupy the unit?	
18	Does the project allow a unit owner to own more than one dwelling unit with a single deed?	
19	Is less than 90% of the total number of units conveyed to unit purchasers?	
20	Is the developer or sponsor in control of the HOA?	
21	Is the project under development or subject to additional phasing?	
22	Are any of the common areas or facilities not 100% complete?	
23	Are there any current or planned special assessments? If yes, provide details separately including the amount of assessment of each unit	
24	Is there any deferred maintenance/unsafe conditions? If yes, provide details separately	

The undersigned certifies to the best of his/her knowledge and belief, the information and statements contained on this form and any attachments are true and accurate:

_____ _____ _____

Preparers Printed Name Preparers Signature Date:

Company Name: _____ Phone: _____

Company Address: _____