



# CONDOMINIUM HOA LIMITED REVIEW QUESTIONNAIRE

FORWARD LENDING  
19000 MacArthur Blvd, Suite 200  
Irvine, CA 92612 | (800) 760-1833

Borrower Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Project Legal Name: \_\_\_\_\_

Master Association (if applicable): \_\_\_\_\_

Project Address: \_\_\_\_\_

If answer to any question 1–7 is **Yes**, please stop and complete a **FULL REVIEW QUESTIONNAIRE**. YES | No

1. Is the project new and units attached?  |
2. Does the project operate like a resort condominium, condotel, leasehold, live-work, or have a rental desk?  |
3. Is the HOA under control of the Developer?  |
4. Is the project subject to any additional phasing or add-ons?  |
5. Does any single entity, individual, or group: a) if project is 5–20 units, own more than two units; or b) if project is more than 20 units, own more than 20% of the total units?  |
6. Does project have any significant deferred maintenance that meets one or more of the following criteria:  | 
  - a) full or partial evacuation of the building for 7 or more days is required to complete repairs;
  - b) project has deficiencies, defects, substantial damage, or deferred maintenance that
    - i) is severe enough to affect safety, soundness, structural integrity, or habitability of improvements,
    - ii) improvements need substantial repairs and rehabilitation, including many major components, or impedes safe and sound functioning of one or more of the building’s major structural or mechanical elements, including but not limited to foundation, roof, load-bearing structures, electrical system, HVAC, or plumbing?
7. Has project failed to obtain an acceptable certificate of occupancy or pass local regulatory inspections or recertifications in the last 5 years?  | 
  - a) If yes, provide any applicable inspection, engineering, or other certification reports related to any issues.

If answer to any question 8–10 is **No**, or to questions 11–13 are **Yes**, please stop and complete a **FULL REVIEW QUESTIONNAIRE**.

8. Are the units, common areas, and recreational facilities of the project 100% complete with no additional phases to be built? YES | No  |
9. Is the HOA clear of any pending litigation or arbitration?  |
10. Do unit owners, through HOA, have sole ownership interest in and full rights to use the project’s facilities and common areas?  |
11. Is there any commercial space in the complex?  | 
  - a. If **Yes**, is it greater than 25% of the complex?  |
12. Is the property a conversion?  | 
  - a. If **Yes**, date of conversion: \_\_\_\_\_
13. Are there any special assessments?  | 
  - a. If **Yes**, provide documents detailing use. \_\_\_\_\_
14. Are any unit owners more than 60 days delinquent on HOA Dues? If **Yes**, how many? \_\_\_\_\_  |
15. HOA Tax Identification Number (TIN or EIN) (required): \_\_\_\_\_

**Hazard Insurance (required):** If policy shows Co-Insurance, an Agreed Amount Endorsement is required.

16. Please provide Hazard Insurance Declaration/Loss Payee page.  Attached  N/A
17. Please provide HO6 Declaration/Loss Payee page.  Attached  N/A

**SOURCE OF INFORMATION:** Acceptable sources of information include an officer of the condominium association or a qualified employee of the association’s management company.

|                      |                     |
|----------------------|---------------------|
| Source Name          | Source Title        |
| Source Signature     | Date Completed      |
| Source Email Address | Source Phone Number |

Association Website Address: \_\_\_\_\_