ELender

	OVED CO		TIONNAIRE
FRA APPR		NDU QUES	

Project Name:				
Master Association Name (if applicable):				
Borrower:	Unit:			
Property Address:				
City, State, Zip:				
County/Borough:	HOA Tax ID#:			
Loan Number:	FHA Condo ID#:			

PROJECT INFORMATION			
1.	Total # of units in project?		
2.	Is the project and its amenities/common areas fully complete and over one-year old or a Non-Gut Rehab?	Yes	No
	2a. If YES, are 50% or more of the units sold and owner occupied?	Yes	No
3.	Is the project under construction, less than 12 months old, or a Full-Gut Rehab?	Yes	No
	3a. If YES, are at least 30% of the units sold and owner occupied?	Yes	No
4.	How many unit owners are 60 or more days delinquent on common expense assessments?		
5.	Does any single person or entity own more than 50% of the total units in the project (other than units vacant and marketed for sale, owned by the developer)?	Yes	No
6.	Is the HOA currently involved in any active or pending litigation, mediation, or arbitration?	Yes	No
	 6a. If YES, provide a litigation disclosure that describes: a) the nature of the claim; b) if the insurance company is defending the claim; and c) the estimated amount of the claim. 		

MANAGEMENT COMPANY & PREPARER INFORMATION

I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on the form and the attachments are true and correct. I also certify that project has had no substantial changes since receiving approval from HUD.

Company Name:		
Address:		
Preparer's Name:	Title:	
Preparer's Signature:	Phone #:	
Email Address:	Date Completed:	

