

Project Name: _____ Loan # _____

Project Master Association Name: _____ FHA Condo ID # _____

Borrower Name: _____ HOA Tax ID # _____

Property Street Address: _____

City: _____ State _____ Zip _____

1. How many total units in the project? _____
2. Is project and amenities/common area fully completed and over one-year old or a Non-Gut Rehab? Yes No
 - a. If Yes, are 50% or more of the units sold *and* owner occupied? Yes No
3. Is project under construction, less than 12 months old, or a full Gut Rehab? Yes No
 - a. If Yes, are at least 30% of the units sold *and* owner occupied? Yes No
4. Are there any monthly assessments more than 60 days delinquent? Yes No
 - a. If yes, how many? _____
5. Does any investor/entity (with the exception of the developer owned, vacant and marketed for rent), own more than 50% of the total units with the project? Yes No
6. Is there any pending litigation involving the HOA? Yes No
 - a. If yes, provide details and documentation on the pending litigation as a separate attachment.

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

Signature of Association Representative or Preparer

Name & Title of Assn. Rep or Preparer

Representative of Preparer's Company Name

Address

Date of Completion

Telephone Number