|  |  |  |
| --- | --- | --- |
| Date | Loan No. | Property Seller Name & Phone |
| Project Name (Exact) | | |
| Project Address: (including county) | | |
| Phase# (if applicable) | | |
| Borrower(s) | | |

**Homebridge is processing a mortgage loan on the subject property listed above. The following information is required to complete the process. Your timely response is appreciated.**

**PROJECT PROFILE** *(TO BE COMPLETED BY HOA, MANAGING AGENT)*

**Name of Association or Management Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Number of total units in project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the monthly dues for the subject unit? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  |  |
| 1. |  |  | Are the unit owners in control of the HOA? If yes, as of \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (month/year) | |
| 2. |  |  | Are all common elements and amenities completed, including those that are part of any master association? | |
| 3. |  |  | Is the project complete and not subject to additional phasing? | |
| 4. |  |  | Is the project a Condotel (front desk, daily maid service, on-site rental desk, etc.) | |
| 5. |  |  | Does the project have a legal name that contains “resort”, “hotel”, or “motel”? | |
| 6. |  |  | Is project subject to time-share ownership or mandatory rental pools or is an individual property owner’s ability to utilize the property curtailed in any way? | |
| 7. |  |  | Is the project an investment security? | |
| 8. |  |  | Does the project consist of property that is not real estate (e.g. houseboat, boat slip, etc.)? | |
| 9. |  |  | Do the CCRs split ownership or curtail the borrower’s ability to utilize the property? | |
| 10. |  |  | Is it a live work project? If yes, is it mostly residential in character and are the unit owners operates of the business?  Yes  No | |
| 11. |  |  | Are multi-dwelling units allowed (owner owns more than 1-unit secured by a single deed and single mortgage) | |
| 12. |  |  | Is the project subject to zoning restrictions that would prohibit the project from being re-built to current density? | |
| 13. |  |  | Is the project a continuing care facility? | |
| 14. |  |  | Does the project have any non-incidental business operation owned or operated by the HOA? If yes, what percentage of the projects budgeted income comes from non-incidental business operations? \_\_\_\_\_\_\_\_\_% | |

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|  | **Yes** | **No** |  |
| 15. |  |  | Is more than 25% of the total square footage of the project used for nonresidential purposes (commercial space)? |
| 16. |  |  | Are unit owners required to pay mandatory upfront and/or periodic membership fees for use of recreational amenities **not** owned by the HOA (i.e. owned by an outside party including developer/builder)? |
| 17. |  |  | Does the project contain manufactured homes? |
| 18. |  |  | Does the project permit a priority lien for unpaid common expenses in excess of 6 months? If yes, provide a copy of the Declaration/Master Deed or state statutes |
| 19. |  |  | Is the HOA a party to any current/pending litigation or pre-litigation (e.g. arbitration or mediation)? If yes, please provide details separately |
| 20. |  |  | Projects consisting of 21 or more units: Does any individual or entity own more than 20% of total units? # of units \_\_\_\_\_/\_\_\_\_\_% |
| 21. |  |  | Projects consisting of 5-20 units: Does any individual or entity own more than 2 units?  # of units \_\_\_\_\_ |
| 22. |  |  | Is project a conversion? If yes, give date: \_\_\_\_\_\_ /\_\_\_\_\_\_  Month Year |
| 23. |  |  | If yes to #21 was it a “gut rehab”? |
|  | | | |

**CONTACT AND SIGNATURE** *(TO BE COMPLETED BY HOA, MANAGING AGENT)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name/Title: | | |  | | | | | | | |
| Company Name: | |  | | | | | | | | |
| Phone Number: |  | | | | |  | Fax Number: | |  |  |
| HOA Tax ID **(not required**): | | | |  |  | | | | | |
| By signing below, I certify that the information represented on this form is true and correct to the best of my knowledge. | | | | | | | | | | |
|  | | | | | | | |  | | |
| Signature | | | | | | | | | | |

**PROJECT CLASSIFICATION: To be completed by Homebridge Underwriter:**

The project meets the classification requirements for Fannie Mae Limited Review as detailed in [Fannie Mae Section B4-2.2 Project Eligibility](https://www.fanniemae.com/content/guide/sel033115.pdf) and has no ineligible project characteristic as defined by Fannie Mae

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Homebridge Underwriter Signature Date