|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date |       |  | Loan No. |       |  | Borrower(s) Name: |       |
| Project Name (Exact)  |       |
| Project Address (including county) : |       |

**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 OR DEVELOPER)*

1. Unit Sales The project consists of \_\_\_\_\_\_\_\_\_\_\_ total units

\_\_\_\_\_\_\_\_ Total number of units (principal residence and second home) that are under contract but have not closed

\_\_\_\_\_\_\_\_ Total number of units (investor) that are under contract but have not closed

\_\_\_\_\_\_\_\_ Total number of principal residence and second home units that have closed

\_\_\_\_\_\_\_\_ Total number of investor owned units that have closed

\_\_\_\_\_\_\_\_ Total number of unsold units

2. Percentage of units greater than 60 days delinquent in common expense assessment/HOA dues \_\_\_\_\_\_\_\_\_\_\_\_%

 (>15% ineligible)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  |  |  |
| 4. | □ | □ | Projects consisting of 21 or more units: Does any individual or entity own more than 20% of total units? # of units \_\_\_\_\_/\_\_\_\_\_% (if yes, ineligible) \*  |
| 5. | □ | □ | Projects consisting of 5-20 units: Does any individual or entity own more than 2 units? # of units \_\_\_\_\_ (if yes, ineligible)NOTE for # 4 & 5: Do not include units owned by project sponsor/developer and are vacant and being actively marketed for sale or units controlled/owned by a non-profit entity in affordable housing program or workforce housing program |
| 6. | □ | □ | Is project (including all common areas) complete? (per Public Offering Statement/Prospectus)Number of units planned: \_\_\_\_\_\_\_\_\_\_ Number of legal phases planned: \_\_\_\_\_\_\_\_\_\_ Number of units completed: \_\_\_\_\_\_\_\_ Number of legal phases completed: \_\_\_\_\_\_\_\_\_\_If project is not complete, expected date of completion: \_\_\_\_\_\_ /\_\_\_\_\_\_ Month Year  |
| 7.  | □ | □ | Is the project subject to further expansion? If yes, # of additional units to be built: \_\_\_\_\_\_\_\_\_\_ |
| 8. | □ | □ | Are there any pending special assessments? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 9. | □ | □ | Are there any adverse environmental factors affecting the project as a whole or as individual unit? (if yes, refer to Condo Dept. for review) |
| 10. | □ | □ | Does the owner’s association have a reserve fund separate from the operating account?If yes, is it adequate to prevent deferred maintenance? Current amount in fund: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total income budgeted for the year: $ \_\_\_\_\_\_\_\_\_\_\_\_ Total reserves budgeted for the year: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. | □ | □ | Is the unit part of a legally established condominium project, in which unit owners own common areas jointly? (if no, ineligible) |
| 12. | □ | □ | Can units be rented on a daily basis? If yes, how many years has this been permitted? \_\_\_\_\_\_\_\_\_\_ (if yes, ineligible) |
| 13. | □ | □ | Is there an on-site rental desk? (if yes, ineligible) |
| 14. | □ | □ | Is daily maid/cleaning service offered and/or is there on-site restaurant/food service? (if yes, ineligible) |
| 15. | □ | □ | 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? (if yes, ineligible) |
| \*Single entity requirement may be waived on purchase transactions that will reduce the single-entity ownership concentration subject to: Units owned by single entity represent no more than 49% of units, there is marketing to sell units to further reduce single entity ownership to 20% or less, the single entity is current on all HOA assessments, and there are no active/pending assessments for the project |
|  | **Yes** | **No** |  |
| 16. | □ | □ | Is project a conversion? If yes, give date: \_\_\_\_\_\_ /\_\_\_\_\_\_ (if < 3 years and not a “gut rehab”, ineligible)  Month Year |
| 17.  | □ | □ | If yes to #16 was the conversion a “gut rehab”? (if yes, provide Engineer’s Report; if no, ineligible) |
| 18. | □ | □ | Has control of the HOA been turned over to the homeowners? If yes, date: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Month Year  |
| 19. | □ | □ | 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 |
| 20. | □ | □ | Is more than 35% of the total square footage of the project used for nonresidential purposes (commercial space)? (if yes, ineligible) NOTE: Commercially owned or operated parking spaces are exempt from the calculation |
| 21. | □ | □ | Is the project owned or operated as a continuing care facility? (if yes, ineligible) |
| 22. | □ | □ | Is the project a condo-hotel (front desk, daily maid service, HOA licensed as hotel/motel, HOA docs make the unit available for rental pooling and/ or require unit owners to share profits from the rental of units)? (if yes, ineligible) |
| 23. | □ | □ | 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)? (if yes, ineligible) |
| 24. | □ | □ | 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 these operations? \_\_\_\_\_\_% (>15% ineligible) |
| 25. | □ | □ | Does the project legal name contain the word “resort” or “hotel/motel”? (if yes, master assn. legal documents required and Condo Dept must review) |
| 26. | □ | □ | Does the project contain manufactured homes? (if yes, ineligible) |
| 227. | □ | □ | Is the HOA a party to any current/pending litigation or pre-litigation (e.g. arbitration or medication)? If yes, please provide details separately. (Condo Dept. must review) |
| 28 | □ | □ | Is the HOA subject to a Master or Umbrella association? If yes: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 329. | □ | □ | Is project professionally managed? If yes: Managing Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 30. | □ | □ | Are any units subject to resale restrictions? If yes, \_\_\_\_\_\_\_\_ number of below market rate units (or other restrictions such as low-income or moderate-income purchasers or on the basis of age that affect the resale)List of unit #’s that are subject to resale restrictions (attach separate page if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be 55+ restriction or ineligible) |
| 31. | □ | □ | Is land owned? If leased, expiration date is: \_\_\_\_\_\_/\_\_\_\_\_\_\_ Month Year |
| 32. | □ | □ | Are recreational facilities owned by the HOA? (if leased, ineligible) |
| 33. | □ | □ | Is the project an investment security? (if yes, ineligible) |
| 34. | □ | □ | Does the project consist of property that is not real estate (e.g. houseboat, boat slip, etc.)? (houseboat, ineligible) |
| 35. | □ | □ | Do the CCRs split ownership or curtail the borrower’s ability to utilize the property? (if yes, ineligible) |
| 36. | □ | □ | Is it a live work project? If yes, is it mostly residential in character and does it comply with local zoning, program or statutory requirements? [ ]  Yes [ ]  No (if no, ineligible) |
| 37. | □ | □ | Are multi-dwelling units allowed (owner owns more than 1-unit secured by a single deed and single mortgage) (if yes, ineligible) |
| 38. | □ | □ | Is the project subject to zoning restrictions that would prohibit the project from being re-built to current density? (if yes, ineligible) |

39. Minimum number of days required for written notification to be given to HOA or insurance trustee before any substantial changes to project coverage can be made or before project coverage can be cancelled: \_\_\_\_\_\_\_\_\_\_\_ days (>10 days, ineligible)