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

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  |  |
| 1. | [ ]  | [ ]  | Are all common elements and amenities completed, including those that are part of any master association? |
| 2. | [ ]  | [ ]  | Is the project complete and not subject to additional phasing? |
| 3. | [ ]  | [ ]  | Have at least 75% of the total units in the project been conveyed to unit purchasers? |
| 4. | [ ]  | [ ]  | Does the project include any manufactured homes? |
| 5. | [ ]  | [ ]  | Are multi-dwelling units allowed (owner owns more than 1-unit secured by a single deed and single mortgage)? |
| 6.  | [ ]  | [ ]  | Does the project provide for hotel type services? (e.g. on-site registration desk, room service, HOA provided maid service, etc.) |
| 7. | [ ]  | [ ]  | Does the project have a legal name that contains “resort”, “hotel”, or “motel”? |
| 8. | [ ]  | [ ]  | Does the project provide for mandatory rental pools? (i.e. agreements that require the unit owners to rent their unit or give management firm control over the occupancy of the unit). |
| 9. | [ ]  | [ ]  | Is the project/association part of any type of pending or current litigation or pre-litigation (e.g. arbitration or mediation)? If yes, please details as separate attachment. |
| 10. | [ ]  | [ ]  | Is the project a timeshare? |
| 11. | [ ]  | [ ]  | Is the project an investment security? |
| 12. | [ ]  | [ ]  | Projects consisting of 21 or more units: Does any individual own more than 25% of the total units? If yes, # of units: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_% |
| 13. | [ ]  | [ ]  | Projects consisting of 5-20 units: Does any individual or entity own more than 2 units? If yes, # of units: \_\_\_\_\_\_\_\_ |
| 14. | [ ]  | [ ]  | Is more than 35% of the total square footage of the project used for non-residential purposes (i.e. commercial space)? |
| 15. | [ ]  | [ ]  | Is the project subject to zoning restrictions that would prohibit the project from being re-built to current density? |
| 16. | [ ]  | [ ]  | Does the project have shared amenities? If yes, please explain (attach separate page if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 17. | [ ]  | [ ]  | Is the project a continuing care facility? |
| 18. | [ ]  | [ ]  | Is the project a conversion? If yes, provide conversion date: \_\_\_\_\_\_/ \_\_\_\_\_\_ Month Year |
| 19. | [ ]  | [ ]  | If yes, to #17 was it a “gut” rehab? |
| 20. | Total number of units in project: \_\_\_\_\_\_\_\_\_ |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** |  |
| 21. | [ ]  | [ ]  | Are the unit owners in control of the HOA? If yes, as of : \_\_\_\_\_\_/ \_\_\_\_\_\_ Month Year |
| 22. | [ ]  | [ ]  | Does the project consist of property that is not real estate (e.g. houseboat, boat slip, etc.)? |
| What are the monthly HOA dues for the subject unit? $\_\_\_\_\_\_\_\_\_ |

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

|  |  |
| --- | --- |
| Contact Name/Title: |  |
| Company Name: |  |
| Phone Number: |  |  | Fax Number: |  |  |
| 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 a Freddie Mac Streamlined Review. |
|  |  |  |  |

Homebridge Underwriter Signature Date