

**FREDDIE MAC CONDOMINIUM QUESTIONNAIRE  
 STREAMLINED REVIEW**  
 (Required only when LPA issues an Automated Collateral Evaluation)

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.  | <input type="checkbox"/> | <input type="checkbox"/> | Are all common elements and amenities completed, including those that are part of any master association?  |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Is the project complete and not subject to additional phasing?   |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Have at least 75% of the total units in the project been conveyed to unit purchasers?  |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Does the project include any manufactured homes?   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Are multi-dwelling units allowed (owner owns more than 1-unit secured by a single deed and single mortgage)?   |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Does the project provide for hotel type services? (e.g. on-site registration desk, room service, HOA provided maid service, etc.)  |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Does the project have a legal name that contains "resort", "hotel", or "motel"?  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | 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.  | <input type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input type="checkbox"/> | Is the project a timeshare?  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Is the project an investment security?   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Projects consisting of 21 or more units: Does any individual own more than 25% of the total units? If yes, # of units: _____ / _____%  |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Projects consisting of 5-20 units: Does any individual or entity own more than 2 units? If yes, # of units: _____  |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Is more than 35% of the total square footage of the project used for non-residential purposes (i.e. commercial space)?   |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Is the project subject to zoning restrictions that would prohibit the project from being re-built to current density?  |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Does the project have shared amenities? If yes, please explain (attach separate page if necessary): _____  |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Is the project a continuing care facility?   |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Is the project a conversion? If yes, provide conversion date: _____ / _____<br><div style="text-align: right; margin-left: 100px;">Month      Year</div>                               |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | If yes, to #17 was it a "gut" rehab?   |

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- |     | Yes                      | No                       |  |
|-----|--------------------------|--------------------------|--|
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Are the unit owners in control of the HOA? If yes, as of : _____ / _____<br>Month Year   |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Are there any current or planned special assessments? If yes provide details separately including the amount of assessment for each unit |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Is there any deferred maintenance/unsafe conditions? If yes, provide details separately  |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Does the project consist of property that is not real estate (e.g. houseboat, boat slip, etc.)?  |

Total number of units in project: \_\_\_\_\_

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

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

The project meets the classification requirements for a Freddie Mac Streamlined Review.

\_\_\_\_\_  
Homebridge Underwriter Signature

\_\_\_\_\_  
Date