

**FREDDIE MAC CONDOMINIUM QUESTIONNAIRE
 STREAMLINED REVIEW
 (Required only when LPA issues an ACE or ACE + PDR)
 Applications Dated on or after September 18, 2023**

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)

IMPORTANT NOTE: The Homebridge underwriter will be required to validate with the Homebridge Condo Department that the project status is not “unavailable” in CPM

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: _____ / _____
<small>Month Year</small> |
| 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 : _____ / _____
Month Year |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Are there any current or planned special assessments? If yes, please explain the purpose of the assessment, if it was planned, the date it was approved, the original amount of the assessment, the remaining amount to be collected and when the assessment will be paid in full: _____
(attach separate page if necessary) |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | 5+ Attached Units: Are there any critical repairs, deferred maintenance, and/or unsafe conditions? If yes, provide specific details separately |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | 5+ Attached Units: Is the project subject to any evacuation orders? |
| 24. | <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? \$ _____

Percentage of units greater than 60 days delinquent in the payment of special assessment(s): _____%

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