

## R - Jumbo Product PUD Project Questionnaire

<b>Borrower's Name:</b>		<b>Loan Number:</b>	
<b>Project Name:</b>			
<b>Project Address:</b>			
<b>Project City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Subject Unit #:</b>	<b>Subject Unit's Phase:</b>		

QUESTIONNAIRE			
1	Has the developer turned over voting control of the HOA to the unit purchasers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Does any investor own more than ten percent of the total units in the project? - If YES, identify the investor (the same individual, investor group, partnership, corporation) and indicate the total number of units owned by each investor in the project:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Is any space within the project site designated for commercial/non-residential use? - If YES, answer questions a. through d. below:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a. How many commercial units are there?		
	b. What percentage of total space is used for commercial/non-residential use?		
	c. Are any of the commercial enterprises owned or managed by the HOA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d. Describe the commercial space:		
4	Does the project consist of any manufactured housing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Does the project include any timeshares or segmented ownership?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Does the project include any houseboats?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Does the project include any multi-dwelling units whereby an owner holds title to more than one dwelling unit with ownership of all owned units evidenced by a single deed/mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Does the project include any mandatory rental pooling agreements or other restrictions on the owner's ability to occupy the unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Does the project include any deed or zoning restrictions whereby the sale or resale of a unit is limited to a person with specific qualifications? For example: age restrictions; affordable housing requirements; artist in residence requirements; etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Do the project documents allow units to be leased or rented for less than a 30-day period? - If YES, answer questions a. & b.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a. Are short-term rentals advertised by the HOA or does the HOA in any way facilitate or participate in the short-term rentals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Does the project have an on-site check-in rental desk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**QUESTIONNAIRE**

11	Has the HOA been named as a party to any current or pending litigation or public administrative action? - If YES, describe the nature of the of the litigation or public action and attach supporting documentation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12	Are the units covered under the Homeowners Association's Master / Blanket Insurance Policy? - If YES, answer questions a. through c. below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a. How many total units are covered by the Homeowners Association's Master/Blanket Insurance Policy?		
	b. Does the Master/Blanket Insurance Policy cover the interior of the units (including walls, flooring, cabinetry & fixtures)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Does the Master/Blanket Insurance Policy cover any BETTERMENTS & IMPROVEMENTS made to the units?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INSURANCE INFORMATION**

PLEASE DO NOT ENTER "CONTACT AGENT"

Insurance Type	Carrier or Agent Name	Phone #	Policy #	Coverage Amount \$
Hazard				
Liability				
Flood				

**CERTIFICATION**

I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on this form and the attachments are true and correct.

<i>Signature</i> of Association Representative or Preparer		Date	Telephone Number
Name of Association Representative or Preparer		Title	
Preparer's Company Name and Address			