



### FHA Homeowner's Association Certification Form

Loan#: \_\_\_\_\_ Borrower Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

- 1. Are all common elements and/or facilities 100% complete? Yes  No
- 2. Is the project subject to additional phasing and/or add-ons? Yes  No   
If yes provide number of additional units to be built. \_\_\_\_\_
- 3. Is the project a conversion of an existing building? Yes  No   
If yes, provide year converted: \_\_\_\_\_
- 4. Has control of the HOA transferred from the developer to the unit owners? Yes  No
- 5. Total number of units in project: \_\_\_\_\_
- 6. Number of units sold and closed: \_\_\_\_\_
- 7. Number of units owner occupied: \_\_\_\_\_
- 8. Does any one person or entity own more than one unit? Yes  No   
If yes, please list how many each own: \_\_\_\_\_
- 9. How many units are over 30 days delinquent? \_\_\_\_\_
- 10. Are there any pending special assessments? Yes  No   
If yes, explain: \_\_\_\_\_
- 11. Is the HOA involved in any litigation? Yes  No   
If yes, explain: \_\_\_\_\_
- 12. Are there any adverse environmental factor affecting the project as a whole or as individual units?  
Yes  No   
If yes, explain: \_\_\_\_\_
- 13. Does the owner's association have a reserve fund separate from the operating account?  
Yes  No  Current amount in fund: \_\_\_\_\_  
If yes, is it adequate to prevent deferred maintenance? Yes  No
- 14. Total income budget for this year: \_\_\_\_\_  
Total reserves budgeted for the year: \_\_\_\_\_
- 15. Do the project legal documents include any restrictions on sale which would limit the free transferability of title? ( i.e. Age Restrictions, First Right of Refusal, other deed/income restrictions) Yes  No   
If yes, explain: \_\_\_\_\_
- 16. Is the unit part of a legally established condominium project, in which common areas are owned jointly by unit owners? Yes  No
- 17. Are units held in fee simple or lease hold? Fee Simple  **OR** Lease Hold
- 18. Are the amenities/ recreational facilities owned by the HOA? Yes  No
- 19. Does the property operate as a resort/hotel; renting units on a daily/weekly basis? Yes  No   
and Does the property offer services such as maid service, restaurant/food service, time share, mandatory rental pool and/or commercial space (such as stores and/or boutiques, etc.)?  
Yes  No  If yes, number of years in operation: \_\_\_\_\_  
Is any part of the project used for commercial purposes? Yes  No   
If yes, what percentage? \_\_\_\_\_%

Homeowners Association Representative Signature

\_\_\_\_\_ Date

Homeowners Association Representative Name/Title

\_\_\_\_\_ Phone

Homeowners Association/Management Company Address

\_\_\_\_\_ Fax

\_\_\_\_\_ Address