

## 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 financed by FHA insured mortgages: \_\_\_\_\_
8. Number of units owner occupied: \_\_\_\_\_
9. Does any one person or entity own more than one unit? Yes  No   
If yes, please list how many each own: \_\_\_\_\_
10. How many units are over 30 days delinquent? \_\_\_\_\_
11. Are there any pending special assessments? Yes  No   
If yes, explain: \_\_\_\_\_
12. Is the HOA involved in any litigation? Yes  No   
If yes, explain: \_\_\_\_\_
13. Are there any adverse environmental factor affecting the project as a whole or as individual units?  
Yes  No   
If yes, explain: \_\_\_\_\_
14. 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
15. Total income budget for this year: \_\_\_\_\_  
Total reserves budgeted for the year: \_\_\_\_\_
16. 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: \_\_\_\_\_
17. Is the unit part of a legally established condominium project, in which common areas are owned jointly by unit owners? Yes  No
18. Are units held in fee simple or lease hold? Fee Simple  **OR** Lease Hold
19. Are the amenities/ recreational facilities owned by the HOA? Yes  No
20. 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