HOA / PUD Questionnaire

Confirm association dues, obligations, insurance and property details.

BEFORE YOU BEGIN

- Have an authorized association or management representative complete this form.
- Use current amounts and a clear as-of date. Identify current and planned special assessments.
- If the property is legally a condominium or cooperative, tell your loan team; this HOA worksheet may not satisfy the applicable project review.
- Attach documents requested by your loan team and provide an official payoff / estoppel when required.

Property and association

This form is intended for association / PUD information. A property legally established as a condominium may require a separate condominium review.

Borrower name

Property street address, unit / lot, city, state and ZIP

Association legal name

Master association, if applicable

Management company

Authorized contact / title

Telephone

Email

Legal property classification

Is association membership automatic and mandatory?

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Are association assessments mandatory?

Does the association own or maintain common property?

Common property and association maintenance duties

Is the association still under developer control?

Regular dues and amounts owed

Regular assessment amount ($)

Payment frequency

What the dues include

Subject property outstanding balance ($)

Balance / payoff as of

Contact for an official payoff / estoppel

Transfer / application fee ($)

Capital contribution / initiation fee ($)

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Other fees due at transfer or closing

Special assessments and restrictions

Are special assessments current, approved or planned?

Subject property total special assessment ($)

Subject property remaining amount ($)

Assessment payment terms and due dates

Assessment purpose and status

Is there litigation affecting the association or common property?

Litigation details and counsel contact

Are there rental, resale or occupancy restrictions?

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Restriction details

Insurance and documents

Does association insurance cover the subject structure?

Insurance agent and telephone / email

Insurer and policy number

Type of coverage, limits and deductibles

Coverage expiration

Documents attached

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Authorized preparer certification

I am authorized to provide this information for the association and certify the answers are accurate to the best of my knowledge as of the date completed. An official payoff / estoppel may be requested separately.

Prepared by full name

Title / authority

Company / association

Telephone and email

Authorized preparer signature

Date completed