

# PROJECT QUESTIONNAIRE

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

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

City, State: \_\_\_\_\_

1. Describe the unit sales:

- \_\_\_\_\_ Total number of units in the project
- \_\_\_\_\_ Total number of units conveyed to purchase, show breakdown
- \_\_\_\_\_ Total number of units that are primary residences
- \_\_\_\_\_ Total number of units that are second homes
- \_\_\_\_\_ Total number of units that are rented/investors

2. Does any one entity (same individual, investor group, partnership, or corporation) own more than one unit?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, identify entity and indicate number of units and percentage owned.

Entity \_\_\_\_\_ # of Units \_\_\_\_\_ Percentage \_\_\_\_\_

Entity \_\_\_\_\_ # of Units \_\_\_\_\_ Percentage \_\_\_\_\_

3. Are all units, common areas, and amenities, including those that are part of a master association, 100% complete?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Is the project subject to additional phasing? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is the project a conversion of an existing building? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has control of the owners association been turned over to the unit purchasers? Yes \_\_\_\_\_ No \_\_\_\_\_

7. How is title to the units held? Fee Simple \_\_\_\_\_ Leasehold \_\_\_\_\_

(If leasehold, please provide copy of the lease.)

8. Are there any leased recreational facilities or any common area leases? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please provide a copy of the lease.)

9. Is any space within the project designated for commercial/non-residential use? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many commercial units are there? \_\_\_\_\_

What type of commercial space? \_\_\_\_\_

10. Do the project documents allow short-term rentals (less than 30 days)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does the project provide for a front desk to service short term rentals? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Is there a rental service for leasing units? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, participation is Voluntary \_\_\_\_\_ Mandatory \_\_\_\_\_ # of owners participating? \_\_\_\_\_

12. Does the owner's association provide a daily cleaning service for the rentals units? Yes \_\_\_\_\_ No \_\_\_\_\_

13. The amount of reserve funds for future repairs and/or replacement of major components currently held in a segregated reserve fund is \$\_\_\_\_\_.

14. The number of owners currently delinquent more than 30 days in their unit assessments \_\_\_\_\_

Total amount of delinquent charges \$\_\_\_\_\_

15. Is the HOA involved in any lawsuits or pending litigation? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Is this a personal injury litigation, will liability insurance cover any potential liability? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand, 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.

\_\_\_\_\_  
*Printed Name of Assoc Representative or Preparer*

\_\_\_\_\_  
*Title of Assoc Representative or Preparer*

\_\_\_\_\_  
*Signature of Preparer*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Date*