**Single-Unit Approval Checklist**

Please complete the following checklist in its entirety and return it to your Mortgage Broker: Brokerage Name at Email.

*General Project Information*

* On-site address of Condominium in review:
* Name of Condominium Association:
* HOA Taxpayer ID:
* Contact Name:      & Title:
* Contact telephone:       email:      fax:
* Name of Management Company:       or Self-Managed? [ ]
* Management Company Address:
* Management Company Contact Name:      & Title:
* Management Company Contact telephone:       email:      fax:
	+ Does the Management Company maintain separate records and bank accounts for the Condominium Association: **Yes** [ ]  **No** [ ]
	+ Does the Condominium Association restrict the management company from drawing checks on, or transferring funds from, the **reserve account** of the Condominium Association without approval from the Condominium Association: **Yes** [ ]  **No** [ ]
* Total number ofcurrent actual units**:**      / planned units**:**

* Is the Condominium Project considered “manufactured housing”: **Yes** [ ]  **No** [ ]
* Does the Condominium Project have a Recreational Lease/Easement? **Yes** [ ]  **No** [ ]
	+ If “Yes”, is the property owner a Nonprofit Entity under the control of the Condominium Association? **Yes** [ ]  **No** [ ]
	+ If “Yes”, does each Unit owner have a right to opt out of membership with no more than 90 days’ notice and without penalty? **Yes** [ ]  **No** [ ]
* Is there any pending or current: Special Assessment? **Yes**[ ] **No**[ ]  Any Litigation? **Yes**[ ] **No**[ ]
* Month/Year Project Completed? MM/YYYY
* Year in which transfer of control occurred: YYYY

*Please submit the unchecked documentation along with this checklist:*

* [ ]  Eligibility Questionnaire (*Attached as page 3*)
* [ ]  Recorded Declaration & Amendments (CC&Rs/Master Deed)
* [ ]  Current financial information including balance sheet (Less than 60 days old), Income Statement, and if available reserve study (Must be less than 3 years old)
* [ ]  Current fiscal year’s approved budget
* [ ]  Two previous fiscal years’ actual year-end results (Income / Expense Statement)
* [ ]  Insurance declaration naming the association (and the management company, if applicable) as covered entities, which provides all current coverage (including fidelity bonding)
* [ ]  Rules & Regulations
* [ ]  Please provide a list of owners who own more than 1 unit.
	+ Please identify the owners by name and the number of units they own.

Eligibility Questionnaire

1. Total number of units?
2. Total number of Owner-Occupied Units?
3. Total number of unrented Vacation Homes?
4. Total number of Nonowner-Occupied Units?
5. Total number of units more than 60 days in arrears?
6. Total number of Affordable Housing Units?
7. Total number of Rent Stabilized Units?
8. Total number of Live/Work Units?

If the Condominium contains commercial units, please complete the following:

Total Square Footage of the Condominium:

Total Square Footage of the Commercial Units:

Total Square Footage of the Residential Units:

If the Condominium Project has Private Transfer Fee Covenants, please complete the following:

Are the Private Transfer Fees collected use exclusively on-site and for the benefit of the membership? **Yes** [ ]  **No** [ ]  **N/A** [ ]

**Please be aware that vacation homes do not count towards owner occupancy and that the sum of items #2 & #4 must equal item #1, above.**

By signing this document, you represent that the information contained herein is true and correct as of the date below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date