



FHA HRAP Questionnaire

Project Name: _____

Project Address: _____

Project Tax ID #: _____

1. Is the project a condominium hotel? **YES NO**

2. Is the project a timeshare or a segmented ownership project: **YES NO**

3. Does the Homeowners Association provide, contract for, or allow any of the following services to operate in the project?

Check-in desk (registration) for short-term (daily or weekly) unit rentals? **YES NO**

Daily / Weekly Maid or Cleaning services for short-term rentals? **YES NO**

Any services provided by a hotel, motel, or resort operator? **YES NO**

4. Does the project permit a buyer to purchase/combine two or more units without legally combining them? **YES NO**

5. Is the project a houseboat project? **YES NO**

6. Is the project a co-op? **YES NO**

7. Is the project the subject of current litigation in which the HOA or developer is named as party to the litigation? (if YES provide current status letter signed by HOA's attorney and copies of all complaints filed with court) **YES NO**

8. Does the building the project is located in contain any commercial space? **YES NO**
(If YES, how much is devoted based on percentage of sq feet?) _____%

9. Does any single entity own more than 50% of the total units in the entire project? **YES NO**
(If the project has fewer than 10 units, does any single entity own > one unit?) **YES NO**

Please provide names of all entities owning investment units and the # of units each owns:

10. Is the project a conversion of an existing building: **YES NO**
If YES, please provide the date project was converted & completed: _____

Was the conversion a gut rehab? **YES NO**

11. Has the control been turned over from the developer? **YES NO**
if YES, date project was turned over: _____

12. Are ALL units complete? **YES NO**

13. Are ALL common areas complete? **YES NO**

14. Are any unit owners more than 60-days past due in paying their monthly assessments? **YES NO**

If YES, how many? _____

15. Are any of the units in the project REO/bank-owned? **YES NO**
If YES, how many? _____

16. Can the project be expanded beyond its current size? **YES NO**
If YES, # of additional units to be built? _____

17. Do the unit owners have sole ownership & right to the use of the project facilities? **YES NO**

18. Are there any special assessments now approved or have there been any in the past year? **YES NO**

If YES, provide the following information:

Reason for special assessment: _____

The \$ amount of the total assessment: _____

The year it was passed: _____

The outstanding amount of the special assessment: _____

The number of units which still owe the special assessment: _____

The special assessment \$ amount still owed by each unit: _____

Is the work related to the special assessment complete: _____

19. The \$ amount currently held in a reserve account for future repair/replace of the project is:
\$ _____

20. Does an outside, professional management firm manage the project? **YES NO**

(if Yes, provide name of firm, contact person, phone & email)

Name: _____ Phone: _____

Firm: _____ Email: _____

22. Is the developer or HOA aware of any of the following conditions/issues which may have an adverse effect on the project or cause a mortgage secured by a unit in the project to become delinquent due to (including, but not limited to) defects in construction, substantial disputes or dissatisfaction among unit owners about the operation of the project or the owner's association and disputes concerning unit owner's rights, privileges and obligations? **YES NO**

SUBJECT PHASE

ENTIRE PROJECT

Total # of Phases _____

Total # units _____

Total # of completed unit's _____

Total # of units for sale _____

Total # of units sold (closed) _____

Total # of units under contract _____

Total # of units rented (investor) _____

Total owner-occ. Units (primary or 2nd homes) _____

Total # of unit's _____

Total # of completed unit's _____

Total # of units for sale _____

Total # of units sold (closed) _____

Total # of units under contract _____

Total # of units rented (investor) _____

Total own-occ. units (primary or 2nd homes) _____

Please provide the following insurance information for the project:

Insurance Company: _____ Agent Name: _____

Phone: _____ Email: _____

*****CERTIFICATION*****

The undersigned hereby certifies that to the best of their knowledge and belief, the information and statements contained on this form and any attachments are true and correct. The undersigned further represents they are authorized by the Homeowners Association's Board of Directors and/or the Managing Agent to provide this information on behalf of the Association.

Printed Name of Authorized Signer & Title

Signature

(_____) _____

Phone & Email

Title 18 U.S.C. 1014, provides in part that whoever knowingly and willfully makes or uses a document containing any false, fictitious, or fraudulent statement or entry, in any matter in the jurisdiction of any department or agency of the United States, shall be fined not more than \$1,000,000 or imprisoned for not more than 30 years or both. In addition, violation of this or others may result in debarment and civil liability for damages suffered by the Department.

THE FEDERAL SAVINGS BANK RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION AT ANY TIME DURING THE REVIEW PROCESS