



Cooperative Project Questionnaire	
Project Name:	
Property Address:	
City, State, Zip:	
County/Borough:	Co-op Tax ID#:

Section 1: General Project Information	
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1	<b>Total Units</b>	
	Total # of Residential Units	
	Total # of Non-Residential Units (Commercial, Professional, etc.)	
	Total # of Units Complete	
	Total # of Units Sold or Under Legal Contract	
	<b>Occupancy/Ownership</b>	
	Total # of Units <b>Owner Occupied</b>	
	Total # of Units <b>Investor/Sublet</b>	
	Total # of Units <b>Co-op</b>	
	Total # of Units <b>Sponsor/Holder of Unsold Shares - Vacant*</b>	
	Total # of Units <b>Sponsor/Holder - Tenant Occupied (Market Rent)</b>	
	Total # of Units <b>Sponsor/Holder - Tenant Occupied (Regulated Rent)</b>	
	*Of the vacant Sponsor/Holder owned units, how many are being marketed for sale?	
2	Number of shares issued and outstanding for the cooperative corporation?	
3	Are the units of the project?	<input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED
4	Are all units, common elements, and facilities within the project or subject legal phase 100% complete?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	4a. If NO, describe any incomplete phases/units/areas:	
5	Is the project subject to additional phasing or annexation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Is the Sponsor/Developer still in control?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	6a. Date when control was turned over?	
7	Are any of the common areas still owned by the Sponsor/Developer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Does any single person or entity own more than one unit in the project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	8a. If YES, how many units are owned by each person or entity?	
9	Do the project's governing documents permit subletting with board approval?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	9a. If NO, does this restriction apply to lenders in the event of foreclosure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>Please provide documentation to support the restriction on subletting as necessary.</i>	

Section 2: Project Characteristics	
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10	Does the project contain any of the following?	
	10a. Hotel/motel/resort activities, mandatory or voluntary rental pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	10b. Resale restrictions, Live Work Residency, Limited Equity, or Mitchell Lama?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, please explain:	

	10c. Manufactured Homes or Houseboats?		YES		NO
	10d. Mandatory fee-based memberships for use of project amenities or services?		YES		NO
	10e. Supportive or continuing care for seniors or for residents with disabilities?		YES		NO
11	Is any part of the project used for commercial/non-residential purposes?		YES		NO
	11a. If YES, what <b>percent</b> of the total project square footage is commercial space?				
	11c. Describe the commercial use?				
12	Does each unit have its own heating and cooling system?		YES		NO
	12a. If NO, are each of the units separately metered?		YES		NO
13	Does the project have an elevator(s)?		YES		NO
14	Is the project part of a condominium project (Condom)? If YES, provide most recent 2years financials for condominium.		YES		NO
15	Is the project a conversion of an existing building?		YES		NO
	15a. If YES, when was the conversion completed?				
	15b. Was the conversion a Full-Gut (down to shell of structure, including replacement of all HVAC, plumbing and electrical components) or Non-Gut conversion?		FULL-GUT		
			NON-GUT		
	15c. If completed within the last 3 years, <b>provide</b> a copy of the original conversion report.				

### Section 3: Sponsor/Holder of Unsold Shares

16	Name(s):	Phone #:			
17	Sponsor's/Holders total number of shares? (Itemize if more than one Holder)				
18	Sponsor's/Holders total monthly maintenance fee?				
19	Sponsor's/Holders total monthly rental income from unsold shares?				
20	Are maintenance fees current for all shares/units?		YES		NO
21	Last Attorney General Amendment filed?				
22	Are Sponsor shares/units pledged as collateral for a loan? If YES, advise below...		YES		NO
	Lienholder:	Maturity Date:			
23	Does the Sponsor have an ownership interest or other rights in the project's real estate or facilities other than the interest or rights to the unsold units?		YES		NO

### Section 4: Legal & Financial Information

24	Does the Co-op qualify as a Residential Co-op as defined by IRS Rule 216?		YES		NO
25	Is the Co-op subject to Ground Rent/Lease?		YES		NO
26	Proprietary Lease expiration date?				
27	How many unit owners are <b>30</b> or more days delinquent on financial obligations to Co-op?				
28	How many unit owners are <b>60</b> or more days delinquent on financial obligations to Co-op?				
29	Does the Co-op limit the percentage of financing?		YES		NO
	29a. If YES, maximum financing or LTV/CLTV the Co-op will permit?				
30	Does the Co-op impose a Flip Tax/Transfer Fee/Waiver of Option Fee? If YES, see below...		YES		NO
	30a. If YES, is the amount of Tax/Fee profit based?		YES		NO
	30b. Are institutional lenders exempt from payment in the event of foreclosure?		YES		NO
	30c. Method of calculation?				
31	Are there any Tax Abatements that will expire within the next 3 years?		YES		NO
	31a. If YES, explain:				



32	Is the HOA currently involved in any active or pending litigation, mediation, or arbitration?							YES	NO
	32a. If YES, <b>provide</b> a litigation disclosure that describes: a) the nature of the claim; b) if the insurance company is defending the claim; and c) the estimated amount of the claim.								
33	Are there any Judgments or Mechanic's Liens filed against the Co-op?							YES	NO
34	Does the Co-op have a blanket/underlying mortgage? If YES, provide...							YES	NO
				FIRST MORTGAGE			SECOND MORTGAGE		
	Lienholder:								
	Mortgage Balance:								
	Maturity Date:								
	Monthly Payment:								
	Interest Rate:								
	Balloon Mortgage:			YES	NO	YES	NO		
Mortgage Rate Type:			FIXED	ARM	FIXED	ARM			
35	Does the Co-op have a line of credit? If YES, provide below...							YES	NO
	Lienholder:			Credit Limit:					
36	Were all the mortgage payments current over that past 12 months?							YES	NO
37	Does the Co-op accept/use the standard Aztec Recognition Agreement? (If a rider to the New Penn Financial approved Aztec Recognition Agreement is required, please provide.)							YES	NO
38	Does the Co-op maintain separate records for the operating and reserves accounts?							YES	NO
39	Are monthly bank statements being sent directly to the Co-op corporation?							YES	NO
40	Are > 1 board members required to authorize disbursements from the reserve account?							YES	NO
41	Is the project managed by a management company?							YES	NO
	41a. If YES, does the management company maintain separate records and bank accounts for each HOA that uses its services?							YES	NO
	41b. Does the management company have the authority to disburse funds from the reserve account without board approval?							YES	NO
42	Does management contract allow for termination by Co-op in 90 days or less?							YES	NO

Section 5: Management Company & Preparer Information	
I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on the form and the attachments are true and correct.	
Company Name:	
Address:	
Preparer's Name:	Title:
Preparer's Signature:	Phone #:
Email Address:	Date Completed:

Please contact [ProjectReview@NewRez.com](mailto:ProjectReview@NewRez.com) for any questions about this form.



### Cooperative Common Expense Addendum

Project Name:	
Applicant:	Unit:
Property Address:	
City, State, Zip:	
County/Borough:	Co-op Tax ID#:

### Unit Specific Common Expenses

1	How many Shares are allocated to the unit?				
2	How much are Maintenance Fees for the unit?				
	2a. Pay frequency of Maintenance Fee?	Monthly	Quarterly	Annual	
3	Amount of Special Assessments charged to unit?				
	3a. Pay frequency of Special Assessment?	Monthly	Quarterly	Annual	
	3b. Purpose of Special Assessment?				
	3c. When do they expire?				

### Preparer's Information

Preparer's Name:	Title:
Preparer's Signature:	Phone #:
Email Address:	Date Completed: