



**Condo Questionnaire – Recert
Established Projects ONLY**

NOTE: This form may be used in lieu of a standard Condo Questionnaire if NewRez has an expired standard Condo Questionnaire on the project. The project must have met established guidelines on the previous questionnaire.

Project Name:

Property Address:

City, State, Zip:

County/Borough:

HOA Tax ID#:

Section 1: General Project Information

1	Unit Breakdown	Entire Project All Projects
	Total # of Units	
	Total # of Units Complete	
	Total # of Units for Sale	
	Total # of Units Sold or Under Legal Contract	
	Total # of Units Rented (Investment Properties)*	
	Total # of Owner Occupied and Second Homes*	
	*Include intended occupancy of units under contract in these totals	
2	Does any single person or entity own more than one unit in the project?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	8a. If YES, how many units are owned by each person or entity?	

Section 3: Legal & Financial Information

3	How many unit owners are 60 or more days delinquent on common expense assessments?	
4	Has the HOA had a reserve study completed on the project within the past 3 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5	Is the HOA currently involved in any active or pending litigation, mediation, or arbitration?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	15a. If YES, provide 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.	

Section 4: Master Insurance

6	Does the Master Policy cover (SELECT ONE):		
	Bare Walls <input type="checkbox"/>	Walls-In to Original Plans and Specs <input type="checkbox"/>	Walls-In including Betterments and Improvements <input type="checkbox"/>

Section 6: 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 for any questions about this form.