



## Cooperative Project Questionnaire

Project Name:

Property Address:

City, State, Zip:

County/Borough:

Co-op Tax ID#:

### Section 1: General Project Information

1	Are the units of the project?	ATTACHED	DETACHED
2	Total # of <b>Buildings</b> in entire project		
3	<b>Total Units</b>	<b># Of Units</b>	
	Total # of Residential Units		
	Total # of Non-Residential Units (Commercial, Professional, etc.)		
	Total # of Units Complete		
	<b>Occupancy/Ownership</b>	<b># Of Units</b>	<b># Of Shares</b>
	3a. <b>Owner Occupied</b> (includes 2 <sup>nd</sup> Homes)		
	3b. <b>Investor/Sublet</b>		
	3c. <b>Co-op Owned</b> (Treasury Share Units)		
	3d. <b>Sponsor/Holder of Unsold Shares – Vacant*</b>		
	*Of the vacant units, how many are marketed for sale?		
	3e. <b>Sponsor/Holder of Unsold Shares – Tenant Occupied (Market Rent)</b>		
	3f. <b>Sponsor/Holder of Unsold Shares – Tenant Occupied (Regulated Rent)</b>		
4	<b>Totals</b>		
5	Are all units, common elements, and facilities within the project or subject legal phase 100% complete?	YES	NO
	5a. If NO, describe any incomplete phases/units/areas:		
6	Is the project subject to additional phasing or annexation?	YES	NO
7	Is the Sponsor/Developer still in control?	YES	NO
	7a. Year when control was turned over to the Co-op?		
8	Are any of the common areas still owned by the Sponsor/Developer?	YES	NO
9	Does any single person or entity own more than one unit in the project?	YES	NO
	9a. If YES, how many units are owned by each person or entity?		

### Section 2: Project Characteristics

10	Does the project contain any of the following?			
	10a. Hotel/motel/resort services, mandatory or voluntary rental pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit?	YES		NO
	10b. Restrictions on year-round occupancy (blackout dates, timeshares, or segmented ownership)	YES		NO
	10c. Resale restrictions, Live Work Residency, Limited Equity, or Mitchell Lama?	YES		NO
	If YES, please explain:			
	10d. Manufactured Homes or Houseboats?	YES		NO
	10e. Mandatory fee-based memberships to a 3 <sup>rd</sup> party for use of project amenities or services?	YES		NO
	10f. Supportive or continuing care for seniors or for residents with disabilities?	YES		NO



11	Is any part of the project used for <b>Commercial/Non-Residential</b> purposes?		YES		NO
	11a. If YES, what percent (%) of the total project square footage?				
	11b. What types of businesses use the space?				
12	Does each unit have its own heating and cooling system?		YES		NO
13	Is the Co-op part of a Condominium project (Condom)? <i>If YES, <b>provide</b> the Condominiums most recent 2 years audited financials, declaration &amp; bylaws.</i>		YES		NO
14	Is the project a conversion of an existing building?		YES		NO
	14a. If YES, when was the conversion completed?				
	14b. 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		
	14c. If completed within the last 3 years, <b>provide</b> a copy of the original conversion report.				
<b>Section 3: Sponsor/Holder of Unsold Shares</b>					
15	Name(s):		Phone #:		
16	Sponsor/Holders total number of shares? (Itemize if more than one Holder)				
17	Sponsor/Holders total monthly maintenance fee?				
18	Sponsor/Holders total monthly rental income from unsold shares?				
19	Are maintenance fees current for all shares/units?		YES		NO
20	Last Attorney General Amendment filed?				
21	Are Sponsor shares/units pledged as collateral for a loan? If YES, advise below...		YES		NO
	Lienholder:		Maturity Date:		
22	Does the Sponsor/Holder 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
<b>Section 4: Legal &amp; Financial Information</b>					
23	Does the project qualify as a Residential Co-op as defined by IRS Rule 216?		YES		NO
24	Is the project subject to Ground Rent/Lease?		YES		NO
25	Proprietary Lease expiration date?				
26	How many shareowners are <b>30</b> or more days delinquent on financial obligations to the Co-op?				
27	How many shareowners are <b>60</b> or more days delinquent on financial obligations to the Co-op?				
28	Does the Co-op limit the percentage of financing?		YES		NO
	28a. If YES, maximum financing or LTV/CLTV the Co-op will permit?				
29	Does the Co-op impose a Flip Tax/Transfer Fee/Waiver of Option Fee? If YES, see below...		YES		NO
	29a. If YES, is the amount of Tax/Fee profit based?		YES		NO
	29b. Are institutional lenders exempt from payment in the event of foreclosure?		YES		NO
	29c. Method of calculation?				
30	Will any Tax Abatements/Subsidies expire within the next 3 years?		YES		NO
	30a. If YES, explain:				
31	Is the Co-op currently involved in any active or pending litigation, mediation, or arbitration?		YES		NO
	<i>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.</i>				
32	Are there any Judgments or Mechanic's Liens filed against the Co-op?		YES		NO
33	Does the Co-op have a blanket/underlying mortgage? If YES, provide below...		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
34	Does the Co-op have a line of credit? If YES, provide below...							YES	NO
	Lienholder:				Credit Limit:				
35	Were all the mortgage payments current over that past 12 months?							YES	NO
36	Is the standard Recognition Agreement to the area used without any additional riders? <i>(If a rider to the Lender's approved Recognition Agreement is required, please provide.)</i>							YES	NO
37	Is the Co-op managed by a management company?							YES	NO
38	Does the Co-op and/or management company adhere to one or more of the following financial controls?							YES	NO
	<ul style="list-style-type: none"> <li>• Separate bank accounts are maintained for the working account and the reserve account, each with appropriate access controls, and the bank in which funds are deposited sends copies of the monthly bank statements directly to the Co-op</li> <li>• The management company maintains separate records and back accounts for each Co-op that uses its services, and the management company does not have the authority to draw checks on, or transfer funds from, the reserve account of the Co-op.</li> <li>• Two members of the Board of Directors must sign any checks written on the reserve account.</li> </ul>								
<b>Section 5: Building Safety, Structural Integrity, Soundness, or Habitability</b>									
39	To the best of your knowledge is the Management Company or Board aware of the project being subject to any of the following:								
	39a. Structural and/or mechanical inspection completed within the last 3 years? Excluding a reserve study. If YES, <b>provide</b> a copy of the inspection report(s).							YES	NO
	39b. Partial or total evacuation order due to unsafe conditions that have not been remediated?							YES	NO
	39c. Advanced physical deterioration or material deficiencies which, if left uncorrected, have the potential to result in or contribute to critical element or system failure within one year (e.g., sea wall, elevators, waterproofing, stairwells)?							YES	NO
	39d. Mold, water intrusion or potentially damaging leaks to the project's building(s) that have not been repaired?							YES	NO
	39e. Failing to pass a state or other jurisdictional mandatory inspections and/or certifications specific to structural soundness, safety, and habitability?							YES	NO
	39f. Having unfunded repairs costing more than \$10,000 per unit that should be undertaken within the next 12 months (does not include repairs made by the unit owner or repairs funded through a special assessment)?							YES	NO
	<b><i>If any of the above is not answered or unknown, provide the last 3 years of Board meeting minutes.</i></b>								
40	Does the project have a preventative maintenance plan and schedule?							YES	NO
	40a. If YES, are reserves being adequately funded to support these?							YES	NO
41	Are there any current or upcoming special assessments against unit owners? If YES:							YES	NO
	41a. Total amount of the special assessment?								
	41b. The remaining amount to be collected?								
	41c. Payment terms of special assessments?								
	41d. Purpose of the special assessments?								
	41e. How many unit owners are 60 days or more delinquent on special assessments?								
	41f. Are repairs completed?							YES	NO
	41g. If not completed, what repairs remain?								

**Section 6: Master Insurance Contact Information**

Type of Insurance	Carrier/Agent Name	Phone Number	Email Address
Hazard			
Liability			
Fidelity (20+ units only)			
Flood			
Builder's Risk (if applicable)			

**Section 7: 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:



### 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	Special Assessments charged to the shareowner?				
	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: