

**TRANSPORTATION BUILDING APPROVED BUDGET 2022**

Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Yearly Total
WATER	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	900.00	10,800.00
ELECTRICITY (COMMON) BUILDING	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	14,400.00
INSURANCE	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	1,070.00	12,840.00
EXTRAMINAT	134.00	134.00	134.00	134.00	134.00	134.00	134.00	134.00	134.00	134.00	134.00	134.00	1,608.00
GARBAGE	185.00	185.00	185.00	185.00	185.00	185.00	185.00	185.00	185.00	185.00	185.00	185.00	2,220.00
ELEVATOR	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	12,000.00
TELEPHONE	275.00	275.00	275.00	275.00	275.00	275.00	275.00	275.00	275.00	275.00	275.00	275.00	3,300.00
LIABILITY	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	150.00	1,800.00
INSURANCE ALARM	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	420.00
SYSTEM FIRE SPRINK. SYSTEM	208.00	208.00	208.00	208.00	208.00	208.00	208.00	208.00	208.00	208.00	208.00	208.00	2,496.00
ACCOUNTING	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00	170.00	2,040.00
FLOWERS	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	83.00	996.00
ELEVATOR TAX	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	360.00
GEN. MAINT.	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	1,400.00	16,800.00
GAS	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	1,200.00
GENERATOR	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	300.00	3,600.00
LEGAL	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	9,600.00
RESERVE (HOA)	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	9,600.00
Monthly Totl	8040.00	8040.00	8040.00	8040.00	8040.00	8040.00	8040.00	8040.00	8040.00	8040.00	8040.00	8040.00	94,180.00

TOTAL @ \$8040.00/30= \$268.00

NUMBER OF BEDROOMS: TOTAL HOA FEES

- 1 \$268.00
  - 2 \$536.00
  - 3 \$804.00
- 2 FLOORS \$1,608.00

Approved 11/22/2021



# BRYANT BANK

Date 12/31/21  
 Primary Account  
 Enclosures

Page 1  
 1000456064

Transportation Building Assoc Inc  
 Escrow Account  
 2201 1st Ave N, 6th Floor  
 Birmingham AL 35203

**\*\*\* CHECKING ACCOUNTS \*\*\***

Account Title: Transportation Building Assoc Inc  
 Escrow Account

The Capital Account		Number of Enclosures	0
Account Number	1000456064	Statement Dates	12/01/21 thru 12/31/21
Previous Balance	54,035.26	Days This Statement Period	31
Deposits	.00	Average Ledger	54,035.26
Checks/Charges	.00	Average Collected	54,035.26
Monthly Service Fee	.00	Interest Earned	3.67
Interest Paid	3.67	Annual Percentage Yield Earned	0.08%
Current Balance	54,038.93	2021 Interest Paid	37.33

**ACTIVITY IN DATE ORDER**

Date	Description	Amount	Balance
12/31	Interest Deposit	3.67	54,038.93

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 THANK YOU FOR BANKING WITH US !  
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# BRYANT BANK

Date 12/31/21  
 Primary Account  
 Enclosures

Page 1  
 1000456056  
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Transportation Building Assoc Inc  
 2201 1st Ave N, 6th Floor  
 Birmingham AL 35203

## CHECKING ACCOUNTS

Account Title: Transportation Building Assoc Inc

Enterprise Checking		Number of Enclosures	11
Account Number	1000456056	Statement Dates	12/01/21 thru 12/31/21
Previous Balance	23,653.36	Days This Statement Period	31
8 Deposits	10,410.86	Average Ledger	24,401.19
12 Checks/Charges	13,782.78	Average Collected	24,144.58
Monthly Service Fee	.00		
Interest Paid	.00		
Current Balance	20,281.44		

## ACTIVITY IN DATE ORDER

Date	Description	Amount	Balance
12/03	Regular Deposit	516.51	24,169.87
12/03	Regular Deposit	557.49	24,727.36
12/07	Regular Deposit	3,060.00	27,787.36
12/09	Regular Deposit	1,408.50	29,195.86
12/09	Check # 352	1,835.00-	27,360.86
12/09	Check # 353	42.80-	27,318.06
12/10	Regular Deposit	255.00	27,573.06
12/10	Check # 351	325.00-	27,248.06
12/13	Check # 355	58.00-	27,190.06
12/13	Check # 354	215.81-	26,974.25
12/14	Regular Deposit	365.87	27,340.12
12/15	DEPOSIT VDM PROPERTIES L CCD DP23869800 BIZEDP	2,188.97	29,529.09
12/15	Check # 356	3,362.32-	26,166.77

# BRYANT BANK

Date 12/31/21  
 Primary Account  
 Enclosures

Page 2  
 1000456056  
 11

Enterprise Checking 1000456056 (Continued)

## ACTIVITY IN DATE ORDER

Date	Description	Amount	Balance
12/17	Check # 358	111.73-	26,055.04
12/20	Check # 357	445.24-	25,609.80
12/21	INSURANCE FIRST INSURANCE CCD 900-94720570 2363437365	1,058.80-	24,551.00
12/21	Check # 359	945.67-	23,605.33
12/22	Debit Memo	4,182.41-	19,422.92
12/23	Regular Deposit	2,058.52	21,481.44
12/31	Check # 362	1,200.00-	20,281.44

## SUMMARY BY CHECK NUMBER

Date	Check No	Amount	Date	Check No	Amount	Date	Check No	Amount
12/10	351	325.00	12/13	355	58.00	12/21	359	945.67
12/09	352	1,835.00	12/15	356	3,362.32	12/31	362*	1,200.00
12/09	353	42.80	12/20	357	445.24			
12/13	354	215.81	12/17	358	111.73			

\* Indicates Break in Check Number Sequence

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 THANK YOU FOR BANKING WITH US !  
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**Condominium Questionnaire Addendum- Full Form**

This **must** be completed and signed by a representative of the HOA. Document must be returned with the Condominium Project Questionnaire-Full Form.

- 1. What is the project's total square footage? ? Condo or whole bldg?
- 2. Is project licensed as a hotel, motel, resort, transient, or hospitality entity?  Yes  No
- 3. Does the HOA or project's legal documents restrict owners' ability to occupy the unit during any part of the year?  Yes  No
- 4. Does the HOA or project's legal documents require owners to make their unit available for rental pooling (daily or otherwise)?  Yes  No
- 5. Does the HOA or project's legal documents require unit owners to share profits from rental of units with the HOA, management company, resort, or hotel rental company?  Yes  No
- 6. Does project have current or pending special assessments?  Yes  No

pending Bldg Repair 10,904  
 if yes, provide dollar amount and reason for assessment. Bal  
ELEVATOR REPAIRS (19,764) 2<sup>ND</sup> Condo Assessment (4,370)

- 7. For any single entity owners who own 20% or more of the total units in project, are HOA assessments current?  Yes  No  N/A

If no, provide number delinquent and explanation.

- 8. If in a flood zone and commercial space in project exceeds 25%, provide a copy of the full flood policy. N/A

Name of Preparer: ELIAS HENDRICKS  
 Date Completed: 2/23/22  
 Signature: [Signature] (PRESIDENT)

### Instructions

**Lender:** Complete the first table below and enter the date on which the form should be returned to you.

**Homeowners' Association (HOA) or Management Company:** This form has been sent to you on behalf of an individual seeking mortgage financing to purchase or refinance a unit in this project. The mortgage lender needs this information to determine the eligibility of the project for mortgage financing purposes. Complete and return this form by \_\_\_\_\_ to the lender listed below. Questions about this form should be directed to the lender contact.

Lender Name:

Lender Phone Number:

Contact Name:

Lender Fax Number:

Lender Address:

Lender Email Address:

### I. Basic Project Information

- 1 Project Legal Name: TRANSPORTATION Building Condominium
- 2 Project Physical Address: 2201 FIRST AVE, N B'HAM, AL 35203
- 3 HOA Management Address: SAME
- 4 HOA Name (if different from Project Legal Name): TRANSPORTATION Bldg ASSOC, INC
- 5 HOA Tax ID #: 30-0540597
- 6 HOA Management Company Tax ID #: N/A
- 7 Name of Master or Umbrella Association (if applicable): N/A
- 8 Does the project contain any of the following? Check all that apply:
  - a  Hotel/motel/resort activities, mandatory or voluntary rental-pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit
  - b  Deed or resale restrictions
  - c  Manufactured homes
  - d  Mandatory fee-based memberships for use of project amenities or services
  - e  Non-incident income from business operations
  - f  Supportive or continuing care for seniors or for residents with disabilities

Provide additional detail here, if applicable (optional):

**II. Project Completion Information**

1 Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases?  YES  NO

If **No**, complete lines a-f:

a Is the project subject to additional phasing or annexation?  YES  NO

b Is the project legally phased?  YES  NO

c How many phases have been completed? \_\_\_\_\_

d How many total phases are legally planned for the project? \_\_\_\_\_

e How many total units are planned for the project? \_\_\_\_\_

f Are all planned amenities and common facilities fully complete?  YES  NO

2 Has the developer transferred control of the HOA to the unit owners?  YES  NO

Date transferred: Nov, 2006

Estimated date the transfer will occur: \_\_\_\_\_

**III. Newly Converted or Rehabilitated Project Information**

1 Is the project a conversion within the past 3 years of an existing structure that was used as an apartment, hotel/resort, retail or professional business, industrial or for other non-residential use?  YES  NO

If **Yes**, complete lines a-g:

a In what year was the property built? \_\_\_\_\_

b In what year was the property converted? \_\_\_\_\_

c Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of all major mechanical components?  YES  NO

d Does the report from the licensed engineer indicate that the project is structurally sound, and that the condition and remaining useful life of the project's major components are sufficient?  YES  NO

e Are all repairs affecting safety, soundness, and structural integrity complete?  YES  NO

f Are replacement reserves allocated for all capital improvements?  YES  NO

g Are the project's reserves sufficient to fund the improvements?  YES  NO

**IV. Financial Information**

- 1 How many unit owners are 60 or more days delinquent on common expense assessments? **NONE**
- 2 In the event a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, is the mortgagee responsible for paying delinquent common expense assessments?  
 YES  NO
- If **Yes**, for how long is the mortgagee responsible for paying common expense assessments?  
 (Select one)  
 1 to 6 months  
 7 to 12 months  
 More than 12 months
- 3 Is the HOA involved in any active or pending litigation?  
 YES  NO
- If **Yes**, attach documentation regarding the litigation from the attorney or the HOA.  
 Provide the attorney's name and contact information:
- Attorney Name: \_\_\_\_\_
- Attorney Phone Number: \_\_\_\_\_

**V. Ownership & Other Information**

- 1 Complete the following information concerning ownership of units:

	Entire Project	Subject Legal Phase (in which the unit is located) If Applicable
Total number of units	13 AS DEVELOPED	
Total number of units sold and closed		
Total number of units under bona-fide sales contracts		
Total number of units sold and closed or under contract to owner-occupants	NONE	
Total number of units sold and closed or under contract to second home owners	<del>3 (100, 200, 7C)</del>	
Total number of units sold and closed or under contract to investor owners	3 (100, 200, 7C)	
Total number of units being rented by developer, sponsor, or converter		
Total number of units owned by the HOA		



2 Complete the following table if more than one unit is owned by the same individual or entity.

Individual / Entity Name	Developer or Sponsor (Yes or No)	Number of Units Owned	Percentage Owned of Total Project Units	Number Leased at Market Rent	Number Leased under Rent Control
ELIAS HENDERIX St. aj	<input type="checkbox"/> YES <input type="checkbox"/> NO	800,900,1000 4AB, 5C	40%		
MARCUS TAYLOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	100,200	20%		
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				

3 Do the unit owners have sole ownership interest in and the right to use the project amenities and common areas?  YES  NO

If **No**, explain who has ownership interest in and rights to use the project amenities and common areas:

4 Are any units or any part of the building used for non-residential or commercial space?  YES  NO  
If **Yes**, complete the following table:

Type of Commercial or Non-Residential Use	Name of Owner or Tenant	Number of Units	Square Footage	% Square Footage of Total Project Square Footage
AVAILABLE for LEASE BAYDOUT	MARCUS TAYLOR	2 100,200		%
				%
				%
				%

5 What is the total square footage of commercial space in the building that is separate from the residential HOA? Include above and below grade space used for commercial purposes, such as public parking facilities, retail space, apartments, commercial offices, and so on.

Total square footage of commercial space: Floors 1+2

**VI. Insurance Information & Financial Controls**

1 Are units or common elements located in a flood zone?  YES  NO

If **Yes**, flood coverage is in force equaling (Select only one option below):

- 100% replacement cost
- Maximum coverage per condominium available under the National Flood Insurance Program
- Some other amount (Enter amount here): \$ \_\_\_\_\_

2 Check all of the following that apply regarding HOA financial accounts:

- HOA maintains separate accounts for operating and reserve funds.
- Appropriate access controls are in place for each account.
- The bank sends copies of monthly bank statements directly to the HOA.
- Two members of the HOA Board of Directors are required to sign any check written on the reserve account.
- The Management Company maintains separate records and bank accounts for each HOA that uses its services.
- The Management Company does not have the authority to draw checks on, or transfer funds from, the reserve account of the HOA.

3 Supply the information requested below. Do NOT enter "contact agent."

Type of Insurance	Carrier/Agent Name	Carrier/Agent Phone Number	Policy Number
Hazard	Collins Insurance Agency	1-800-288-8740	
Liability	All policies		
Fidelity			
Flood			

**VII. Contact Information**

Name of Preparer: ELIAS HENDRICKS  
 Title of Preparer: PRESIDENT (HOA)  
 Preparer's Phone: 205 919 2150  
 Preparer's Email: ebutchhendricks@yahoo.com  
 Preparer's Company Name: TRANSPORTATION Bldg CONDO ASSOC.  
 Preparer's Company Address: 2201 FIRST AVE, NORTH  
 Date Completed: 2/23/20



**Condominium Questionnaire Addendum- Full Form**

**This must be completed and signed by a representative of the HOA. Document must be returned with the Condominium Project Questionnaire-Full Form.**

1. What is the project's total square footage? \_\_\_\_\_
2. Is project licensed as a hotel, motel, resort, transient, or hospitality entity?  Yes  No
3. Does the HOA or project's legal documents restrict owners' ability to occupy the unit during any part of the year?  Yes  No
4. Does the HOA or project's legal documents require owners to make their unit available for rental pooling (daily or otherwise)?  Yes  No
5. Does the HOA or project's legal documents require unit owners to share profits from rental of units with the HOA, management company, resort, or hotel rental company?  Yes  No
6. Does project have current or pending special assessments?  Yes  No  
If yes, provide dollar amount and reason for assessment.  
\_\_\_\_\_
7. For any single entity owners who own 20% or more of the total units in project, are HOA assessments current?  Yes  No  N/A  
If no, provide number delinquent and explanation.  
\_\_\_\_\_
8. If in a flood zone and commercial space in project exceeds 25%, provide a copy of the full flood policy.

Name of Preparer: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

*N/A*

## Condominium Project Questionnaire Addendum

This Addendum is applicable to both condominium and cooperative projects. It must be completed by an authorized representative of the HOA/Cooperative Corporation.

### Project Information

Project Name:

Project Address:

### Building Safety, Soundness, Structural Integrity, and Habitability

1 When was the last building inspection by a licensed architect, licensed engineer, or any other building inspector?

2 Did the last inspection have any findings related to the safety, soundness, structural integrity, or habitability of the project's building(s)?

YES  NO

2a If **Yes**, have recommended repairs/replacements been completed?

YES  NO

If the repairs/replacements have not been completed:

2b What repairs/replacements remain to be completed?

2c When will the repairs/replacements be completed?

*Provide a copy of the inspection and HOA or cooperative board meeting minutes to document findings and action plan.*

3 Is the HOA/Cooperative Corporation aware of any deficiencies related to the safety, soundness, structural integrity, or habitability of the project's building(s)?

YES  NO

3a If **Yes**, what are the deficiencies?

3b Of these deficiencies, what repairs/replacements remain to be completed?

3c Of these deficiencies, when will the repairs/replacements be completed?

**Building Safety, Soundness, Structural Integrity, and Habitability**

4 Are there any outstanding violations of jurisdictional requirements (zoning ordinances, codes, etc.) related to the safety, soundness, structural integrity, or habitability of the project's building(s)?  YES  NO

*If Yes, provide notice from the applicable jurisdictional entity.*

5 Is it anticipated the project will, in the future, have such violation(s)?  YES  NO

*If Yes, provide details of the applicable jurisdiction's requirement and the project's plan to remediate the violation.*

6 Does the project have a funding plan for its deferred maintenance components/items to be repaired or replaced?  YES  NO

7 Does the project have a schedule for the deferred maintenance components/items to be repaired or replaced?  YES  NO

*If Yes, provide the schedule.*

8 Has the HOA/Cooperative Corporation had a reserve study completed on the project within the past 3 years?  YES  NO

9 What is the total of the current reserve account balance(s)? \$

10 Are there any current special assessments unit owners/cooperative shareholders are obligated to pay? **If Yes:**  YES  NO

10a What is the total amount of the special assessment(s)? \$

10b What are the terms of the special assessment(s)?

10c What is the purpose of the special assessment(s)?

**Building Safety, Soundness, Structural Integrity, and Habitability**

11 Are there any planned special assessments that unit owners/cooperative shareholders will be obligated to pay? If **Yes**:  YES  NO

11a What will be the total amount of the special assessments? \$

11b What will be the terms of the special assessments?

11c What will be the purpose of the special assessments?

12 Has the HOA obtained any loans to finance improvements or deferred maintenance?  YES  NO

12a Amount borrowed? \$

12b Terms of repayment?

**Additional Comments:**
**Contact Information**

Name of Preparer:

Title of Preparer:

Preparer's Phone:

Preparer's Email:

Preparer's Company Name:

Preparer's Company Address:

Date Completed:

# Form 1076

## Condominium Project Questionnaire



Fannie Mae

ADDENDUM ADDED DECEMBER 2021

### Instructions

**Lender:** Complete the first table below and enter the date on which the form should be returned to you.

**Homeowners' Association (HOA) or Management Company:** This form has been sent to you on behalf of an individual seeking mortgage financing to purchase or refinance a unit in this project. The mortgage lender needs this information to determine the eligibility of the project for mortgage financing purposes. Complete and return this form by \_\_\_\_\_ to the lender listed below. Questions about this form should be directed to the lender contact.

Lender Name:

Lender Phone Number:

Contact Name:

Lender Fax Number:

Lender Address:

Lender Email Address:

DATE

### I. Basic Project Information

1 Project Legal Name:

2 Project Physical Address:

3 HOA Management Address:

4 HOA Name (if different from Project Legal Name):

5 HOA Tax ID #:

6 HOA Management Company Tax ID #:

7 Name of Master or Umbrella Association (if applicable):

8 Does the project contain any of the following? Check all that apply:

- a  Hotel/motel/resort activities, mandatory or voluntary rental-pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit
- b  Deed or resale restrictions
- c  Manufactured homes
- d  Mandatory fee-based memberships for use of project amenities or services
- e  Non-incident income from business operations
- f  Supportive or continuing care for seniors or for residents with disabilities

Provide additional detail here, if applicable (optional):



**II. Project Completion Information**

<p><b>1</b> Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases?</p> <p>If <b>No</b>, complete lines a-f:</p> <p><b>a</b> Is the project subject to additional phasing or annexation?</p> <p><b>b</b> Is the project legally phased?</p> <p><b>c</b> How many phases have been completed?</p> <p><b>d</b> How many total phases are legally planned for the project?</p> <p><b>e</b> How many total units are planned for the project?</p> <p><b>f</b> Are all planned amenities and common facilities fully complete?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
<p><b>2</b> Has the developer transferred control of the HOA to the unit owners?</p>	<p><input type="checkbox"/> YES      Date transferred: _____</p> <p><input type="checkbox"/> NO      Estimated date the transfer will occur: _____</p>

**III. Newly Converted or Rehabilitated Project Information**

<p><b>1</b> Is the project a conversion within the past 3 years of an existing structure that was used as an apartment, hotel/resort, retail or professional business, industrial or for other non-residential use?</p> <p>If <b>Yes</b>, complete lines a-g:</p> <p><b>a</b> In what year was the property built?</p> <p><b>b</b> In what year was the property converted?</p> <p><b>c</b> Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of all major mechanical components?</p> <p><b>d</b> Does the report from the licensed engineer indicate that the project is structurally sound, and that the condition and remaining useful life of the project's major components are sufficient?</p> <p><b>e</b> Are all repairs affecting safety, soundness, and structural integrity complete?</p> <p><b>f</b> Are replacement reserves allocated for all capital improvements?</p> <p><b>g</b> Are the project's reserves sufficient to fund the improvements?</p>	<p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
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**IV. Financial Information**

- 1 How many unit owners are 60 or more days delinquent on common expense assessments?
- 2 In the event a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, is the mortgagee responsible for paying delinquent common expense assessments?
- YES                       NO
- 1 to 6 months  
 7 to 12 months  
 More than 12 months
- 3 Is the HOA involved in any active or pending litigation?
- YES                       NO
- If **Yes**, attach documentation regarding the litigation from the attorney or the HOA. Provide the attorney's name and contact information:
- Attorney Name:
- Attorney Phone Number:

**V. Ownership & Other Information**

- 1 Complete the following information concerning ownership of units:

	Entire Project	Subject Legal Phase (in which the unit is located) <i>If Applicable</i>
Total number of units		
Total number of units sold and closed		
Total number of units under bona-fide sales contracts		
Total number of units sold and closed or under contract to owner-occupants		
Total number of units sold and closed or under contract to second home owners		
Total number of units sold and closed or under contract to investor owners		
Total number of units being rented by developer, sponsor, or converter		
Total number of units owned by the HOA		

2 Complete the following table if more than one unit is owned by the same individual or entity.

Individual / Entity Name	Developer or Sponsor (Yes or No)	Number of Units Owned	Percentage Owned of Total Project Units	Number Leased at Market Rent	Number Leased under Rent Control
	<input type="checkbox"/> YES <input type="checkbox"/> NO		%		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		%		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		%		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		%		

3 Do the unit owners have sole ownership interest in and the right to use the project amenities and common areas?  YES  NO

If **No**, explain who has ownership interest in and rights to use the project amenities and common areas:

4 Are any units or any part of the building used for non-residential or commercial space?  YES  NO  
If **Yes**, complete the following table:

Type of Commercial or Non-Residential Use	Name of Owner or Tenant	Number of Units	Square Footage	% Square Footage of Total Project Square Footage
				%
				%
				%
				%

5 What is the total square footage of commercial space in the building that is separate from the residential HOA? Include above and below grade space used for commercial purposes, such as public parking facilities, retail space, apartments, commercial offices, and so on.

Total square footage of commercial space:

**VI. Insurance Information & Financial Controls**

1 Are units or common elements located in a flood zone?  YES  NO

If **Yes**, flood coverage is in force equaling (Select only one option below):

- 100% replacement cost
- Maximum coverage per condominium available under the National Flood Insurance Program
- Some other amount (Enter amount here): \$ \_\_\_\_\_

2 Check all of the following that apply regarding HOA financial accounts:

- HOA maintains separate accounts for operating and reserve funds.
- Appropriate access controls are in place for each account.
- The bank sends copies of monthly bank statements directly to the HOA.
- Two members of the HOA Board of Directors are required to sign any check written on the reserve account.
- The Management Company maintains separate records and bank accounts for each HOA that uses its services.
- The Management Company does not have the authority to draw checks on, or transfer funds from, the reserve account of the HOA.

3 Supply the information requested below. Do NOT enter "contact agent."

Type of Insurance	Carrier/Agent Name	Carrier/Agent Phone Number	Policy Number
Hazard			
Liability			
Fidelity			
Flood			

**VII. Contact Information**

Name of Preparer:

Title of Preparer:

Preparer's Phone:

Preparer's Email:

Preparer's Company Name:

Preparer's Company Address:

Date Completed:

## Condominium Project Questionnaire Addendum

This Addendum is applicable to both condominium and cooperative projects. It must be completed by an authorized representative of the HOA/Cooperative Corporation.

### Project Information

Project Name:

Project Address:

### Building Safety, Soundness, Structural Integrity, and Habitability

1 When was the last building inspection by a licensed architect, licensed engineer, or any other building inspector?

2 Did the last inspection have any findings related to the safety, soundness, structural integrity, or habitability of the project's building(s)?

YES  NO

2a If **Yes**, have recommended repairs/replacements been completed?

YES  NO

If the repairs/replacements have not been completed:

2b What repairs/replacements remain to be completed?

2c When will the repairs/replacements be completed?

*Provide a copy of the inspection and HOA or cooperative board meeting minutes to document findings and action plan.*

3 Is the HOA/Cooperative Corporation aware of any deficiencies related to the safety, soundness, structural integrity, or habitability of the project's building(s)?

YES  NO

3a If **Yes**, what are the deficiencies?

3b Of these deficiencies, what repairs/replacements remain to be completed?

3c Of these deficiencies, when will the repairs/replacements be completed?

**Building Safety, Soundness, Structural Integrity, and Habitability**

4 Are there any outstanding violations of jurisdictional requirements (zoning ordinances, codes, etc.) related to the safety, soundness, structural integrity, or habitability of the project's building(s)?  YES  NO

*If Yes, provide notice from the applicable jurisdictional entity.*

5 Is it anticipated the project will, in the future, have such violation(s)?  YES  NO

*If Yes, provide details of the applicable jurisdiction's requirement and the project's plan to remediate the violation.*

6 Does the project have a funding plan for its deferred maintenance components/items to be repaired or replaced?  YES  NO

7 Does the project have a schedule for the deferred maintenance components/items to be repaired or replaced?  YES  NO

*If Yes, provide the schedule.*

8 Has the HOA/Cooperative Corporation had a reserve study completed on the project within the past 3 years?  YES  NO

9 What is the total of the current reserve account balance(s)? \$

10 Are there any current special assessments unit owners/cooperative shareholders are obligated to pay? **If Yes:**  YES  NO

10a What is the total amount of the special assessment(s)? \$

10b What are the terms of the special assessment(s)?

10c What is the purpose of the special assessment(s)?

**Building Safety, Soundness, Structural Integrity, and Habitability**

11 Are there any planned special assessments that unit owners/cooperative shareholders will be obligated to pay? If **Yes**:  YES  NO

11a What will be the total amount of the special assessments? \$

11b What will be the terms of the special assessments?

11c What will be the purpose of the special assessments?

12 Has the HOA obtained any loans to finance improvements or deferred maintenance?  YES  NO

12a Amount borrowed? \$

12b Terms of repayment?

**Additional Comments:**
**Contact Information**

Name of Preparer:

Title of Preparer:

Preparer's Phone:

Preparer's Email:

Preparer's Company Name:

Preparer's Company Address:

Date Completed: