

COOPERATIVE PROJECT QUESTIONNAIRE

Applicant(s) Name(s):  
Name of Co-op Corporation: Total Units: Total Shares:  
Property Address: Unit No.: Unit Shares:

1. Was (or is) the building a conversion of an existing building? Yes No  
If yes: Age of Building Year Converted Type of Original Use  
Total Number of Floors is there an elevator?
2. Does the Co-op Housing Corporation qualify under Section 216 of the Internal Revenue Code? Yes No
- 3a. Is there only one class of stock issued Yes No  
3b. Is property a Non-Stock Cooperative Housing Corp. Yes No
4. Are there any Resale Restrictions including income limits, age limits, limited equity, inclusionary zoning  
residency restrictions or government subsidized subordinate financing? Yes No  
If yes, attach a complete copy of restrictions currently in force.
5. Proprietary Lease will expire on Provide a copy of the Proprietary Lease page indicating  
the expiration date.
6. Is there a Ground Lease? Yes No If yes, annual rent \$ Expiration date
7. Does the coop allow short term rentals (less than 30 days) or operate as a Co-op Hotel? Yes No
8. Do you accept the Aztec Recognition Agreement? Yes No If Yes are any Riders required? Yes No
9. Regarding the recent unit sales in the last 12 months, how many units have sold?
10. Is there a flip/transfer tax? Yes No If yes, please explain
11. Does the sponsor offer any type of sales or financing concession (i.e. maintenance fee rebates or credit)  
with the transfer of the units? Yes No. If yes, please explain
12. Does the property maintain an adequate reserve fund? Yes No Current Balance \$  
Is the reserve fund listed as a separate line item in the financial statements? Yes No
13. Does Sponsor retain control of the Board? Yes No
14. Please describe the current occupancy of the units in the project:  
Total number of Owner Occupied primary units:  
Total number of units occupied as Second Homes:  
Total number of investor units (non-owner occupied):  
Total number of units retained by sponsor:
15. Are there any Commercial Units? Yes No If yes, how many  
15a. If yes, does the commercial square footage equal or exceed 20% of total square footage? Yes No
16. Does any shareholder or investor own more than one unit? Yes No
17. Does any shareholder or investor own 10% or more of the total units? Yes No  
If yes, please identify the shareholder or investor (individual, group, partnership, and/or corporation) and indicate the total  
number of units owned by each investor in the project
18. Does any shareholder or investor own 10% or more of the total shares? Yes No  
If yes, please identify the shareholder or investor (individual, group, partnership, and/or corporation) and indicate the total  
number of shares owned by each investor in the project
19. Are there any loan to value finance restrictions? Yes No If yes, \$  
or % Sublet? Yes No If yes, \$ or %
- 20a. Is the Owner's Association currently a party in any type of litigation or public administrative action?  
Yes No If yes, please explain
- 20b. Any Mechanic's Liens? Yes No If yes, please explain
21. Are all monthly maintenance fees paid current? Yes No If no, what percent of unit owners  
are currently delinquent more than 30 days? % What is the amount that is currently more than 30  
days? \$ How many months delinquent are the fees?
22. What is the sponsor's monthly maintenance amount paid to the project? \$
23. Is the sponsor using unsold units as collateral? Yes No
24. What is the sponsor's gross monthly rent from tenants? \$ Is the sponsor delinquent more than  
30 days in their obligations? Yes No if yes, please explain

25. MORTGAGE INFORMATION	
Underlying Mortgage:	Other Mortgages:
Original Balance: \$	Original Balance: \$
Outstanding Balance: \$	Outstanding Balance: \$
Maturity Date:	Maturity Date:
Financing Type: Fixed ARM Balloon	Financing Type: Fixed ARM Balloon
Interest Rate:	Interest Rate
Is the mortgage delinquent? Yes No	Is the mortgage delinquent? Yes No

26. ATTACH LAST 2 YEARS AUDITED FINANCIAL STATEMENTS
27. ATTACH EVIDENCE OF PROJECT INSURANCE COVERAGE FOR HAZARD (REPLACEMENT COST),  
LIABILITY, FLOOD (IF APPLICABLE) AND FIDELITY INSURANCE (INCLUSIVE OF THE MANAGING  
AGENT)
28. DATE AND NUMBER OF LAST ATTORNEY GENERAL AMENDMENT  
INCLUDE COPIES OF ALL AMENDMENTS ISSUED WITHIN THE LAST 2 YEARS

The undersigned certifies that to the best of my knowledge and belief, the information, and the statements contained on this form and the  
attachments are true and correct.

Print Name Signature Date  
Print Managing Agent Corporate Name Phone  
Address of Managing Agent