



**HOA CERTIFICATION FOR EXISTING CONDOMINIUMS**

Project Name:\_\_\_\_\_

Address:\_\_\_\_\_

City, State:\_\_\_\_\_

1. Describe the unit sales:  
\_\_\_\_\_Total number of units in project – Show breakdown  
Total number units primary residence: \_\_\_\_\_ closed \_\_\_\_\_ in contract  
Total number units second homes: \_\_\_\_\_ closed \_\_\_\_\_ in contract  
Total number units rented/investor: \_\_\_\_\_ closed \_\_\_\_\_ in contract
2. Does any one entity (same individual, Investor group, partnership or corporation) own more than 10% of total units? \_\_\_\_\_Yes \_\_\_\_\_No If yes, identify entity and indicate number of units and percentage owned.  

Entity\_\_\_\_\_# Units\_\_\_\_\_Percentage\_\_\_\_\_%

Entity\_\_\_\_\_# Units\_\_\_\_\_Percentage\_\_\_\_\_%
3. Are all units, common areas and amenities, including those that are part of a master association, 100% complete? \_\_\_\_\_Yes \_\_\_\_\_No
4. Is the project subject to additional phasing? \_\_\_\_\_Yes \_\_\_\_\_No
5. Is the project a conversion of an existing building? \_\_\_\_\_Yes \_\_\_\_\_No If yes, number of units still original renters: \_\_\_\_\_ Does rent per unit equal at least monthly maintenance? \_\_\_\_\_Yes \_\_\_\_\_No If not, please attach current financials.
6. Has control of the owners association been turned over to the unit purchasers? \_\_\_\_\_Yes \_\_\_\_\_No If yes, date turned over to owners: \_\_\_\_\_ If no, date of first closing: \_\_\_\_\_. ALL BUILDINGS GREATER THAN 5 YEARS OLD, REQUIRE CURRENT FINANCIALS.
7. How is title to the units held? \_\_\_\_\_Fee simple \_\_\_\_\_Leasehold (If leasehold, please provide a copy of lease)
8. Are there any leased recreational facilities or any common area leases? \_\_\_\_\_Yes \_\_\_\_\_No (if yes, please provide a copy of the lease.)
9. Is any space within the project designated for commercial/non-residential use? \_\_\_\_\_Yes \_\_\_\_\_No If yes, how many commercial units are there?\_\_\_\_\_ What percentage of the total building is commercial space? \_\_\_\_\_% What type of commercial space?\_\_\_\_\_
10. Do the project documents allow short-term rentals (less than 30 days)? \_\_\_\_\_Yes \_\_\_\_\_No If yes, does the project provide for a front desk to service short term rentals? \_\_\_\_\_Yes \_\_\_\_\_No
11. Is there a rental service for leasing units? \_\_\_\_\_Yes \_\_\_\_\_No If yes, participation is \_\_\_\_\_Voluntary \_\_\_\_\_Mandatory. Number of owners participating? \_\_\_\_\_
12. The amount of reserve fund for future repairs and/or replacement of major components currently held in a segregated reserve fund account is \$\_\_\_\_\_
13. The number of owners currently delinquent 30 days \_\_\_\_\_ 60 days \_\_\_\_\_ 90 days \_\_\_\_\_ with their unit assessments. Total amount of delinquent charges \$\_\_\_\_\_ If delinquent assessments exist, please attach current financials.
14. Is the HOA involved in any lawsuits or pending litigation? \_\_\_\_\_Yes \_\_\_\_\_No If yes, provide information regarding litigation from attorney or HOA as a separate attachment.
15. If this is a personal injury litigation, will liability insurance cover any potential liability? \_\_\_\_\_Yes \_\_\_\_\_No
16. Are there any mechanics liens? \_\_\_\_\_Yes \_\_\_\_\_No If yes explain\_\_\_\_\_

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

\_\_\_\_\_

Title of Association Representative or Preparer

\_\_\_\_\_

Address of Association

\_\_\_\_\_

Printed Name of Association Representative or Preparer

\_\_\_\_\_

Town

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Signature of Association Representative or Preparer

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Date

Created and Updated by Frances C. Nieman

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