

# Uniform Condominium Project Questionnaire v5



Email the questionnaire to: [condosafeinfo@corelogic.com](mailto:condosafeinfo@corelogic.com) or fax to: 817.826.0353  
If you have any questions regarding this form, please contact: 844.815.6405

## Section A: Contact Information

1	Complete Legal Name of Project MEYER ROAD TOWNHOUSE HOMEOWNERS ASSOCIATION		
2	Association IRS Tax ID Number: 95-3967278		
3	Other Names Associated with Project		
4	Project Address (No PO Box)	Line 1 13319 MEYER ROAD	
		Line 2	
		City WHITTIER	State CA
5	Is the Association governed by a Master Association?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a	Master Association Name MEYER ROADTOWNHOUSE HOA		
b	Do unit owners pay more than \$50 per month to Master Association?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Professional Management Company

6	Company Name NA		7	IRS Tax ID Number	
8	Contact Name	9	Phone	10	Email
11	Address	Line 1			
		Line 2			
		City	State	Zip	

## Section B: Ownership & Other Information

1	Complete the following information concerning ownership of units:		Entire Project	
a	Is the project 100% complete, including all construction or renovation of units, common elements and shared amenities for all project phases?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If yes, what date was the project completed?			
b	Is the project subject to additional phasing or annexation?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c	Has the project been turned over to the unit owners?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If yes, what date was the project turned over to unit owners?			
d	Is the project at least 90% sold and closed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If the answer for B1a, B1c or B1d is "No", please proceed to section B2.			
e	Total number of units *Do not include commercial units*			
f	Total number of units sold and closed *Do not include commercial units*			
g	Total number of units sold and closed to owner-occupants		48	
h	Total number of units sold and closed to secondary residences			
i	Total number of units sold and closed to investor owners			
j	Total number of units being rented by developer, sponsor, or converter			
k	Total number of offsite addresses (unknown occupancy) not included in numbers above			
l	Total number of units owned by the Association		48	

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2	If the project is not 100% complete or is not 90% sold, or control has not been turned over to the unit owners, complete this section.									
	a	Number of phases complete								
	b	Number of total phases legally planned for the project?								
	c	Number of total units planned for the project?								
d	Is the project legally phased?								<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

3	If the project is not 100% complete or is not 90% sold, or control has not been turned over to the unit owners, complete this section or provide a phase sheet including this information.										
				# Sold or Under Contract							
		Phase	Subject Phase		# of Units	As Owner Occupied	As 2nd Homes	As Investment	Phase Complete		Completion Date
	a		<input type="checkbox"/> Yes	<input type="checkbox"/> No					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b		<input type="checkbox"/> Yes	<input type="checkbox"/> No					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c		<input type="checkbox"/> Yes	<input type="checkbox"/> No					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d		<input type="checkbox"/> Yes	<input type="checkbox"/> No					<input type="checkbox"/> Yes	<input type="checkbox"/> No		

  

4	Is the project a conversion of an existing building?								<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	a	If Yes, date conversion was completed									
5	b	Was the conversion a full gut-rehabilitation (renovation down to the shell with replacement of all HVAC and electronic components?)								<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do the legal documents require the unit owner to make their unit available for rental pooling (daily or otherwise?)										<input type="checkbox"/> Yes
6	a	If Yes, does the Association or the project's legal documents require unit owners to share profits from the rental of units with the Association, management company, or resort, or hotel rental company?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do the unit owners have sole ownership in and the right to use the project amenities and common areas? If the answer is No, please explain below <b>if the developer retains interest in any common elements or if any project facilities are leased to the Association.</b>								<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

## Single Entity Ownership



Please include Units that are currently subject to any lease or lease-purchase arrangement. Do not include Units that are vacant and are being actively marketed for sale by the developer/builder.

7	Does any person or entity own more than 10% of the total units in the project?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If Yes, provide the following information for each of those entities:			
	Entity name		# of units owned by entity	

## Section C: Deed Restriction/Right of First Refusal

<b>1</b>	Do the project legal documents include a right of first refusal?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>a</b>	If Yes, how many days does the Association have to exercise this right?	days	
	<b>b</b>	Is this right waived in the event of foreclosure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>2</b>	Do the project legal documents include any other restrictions on sale that would limit the free transferability of title such as deed restrictions?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>a</b>	Affordable Housing	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>b</b>	Age Restrictions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>c</b>	Private transfer fee for covenants created on or after February 8, 2011	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>d</b>	Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>e</b>	If Yes, to any of the above, please describe:		

## Section D: Commercial Space



These questions apply to space in the project or the building in which the project is located. Please include space that is above or below grade and any of the following: (1) rental apartments or hotels within the project, (2) retail and commercial space, (3) parking space that is separate from parking allocated to residential unit owners, (4) any space that is non-residential in nature and owned by a private individual or entity outside of the Association structure or a separate Association.

<b>1</b>	Does the project or building in which the project is located contain any commercial, mixed use, or non-residential space?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>a</b>	If Yes, what is the total square footage of the commercial, mixed use or non-residential space in the project or the building in which the project is located?	sqft	
	<b>b</b>	What is the total square footage of the project or the building in which the project is located?	sqft	
	<b>c</b>	What is the total # of commercial and non-residential units?		
	<b>d</b>	Describe the type of commercial, mixed use or non-residential space including space owned or operated by the Association:		

## Section E: Project Type

<b>1</b>	Does the project contain any property that is not real estate (e.g. houseboats)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>2</b>	Does the project contain any Manufactured Housing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3</b>	Is the project (either the sub Association or master association if applicable) a Continuing Care Retirement Community or Life Care Facility where residents sign long-term contracts for housing, medical, assisted-living or other related services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>4</b>	Does the project contain timeshares or segmented ownership?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>5</b>	Is the project comprised Solely of detached units?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>6</b>	Do the unit owners have exclusive ownership rights to their unit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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7	Are there any "Live Work" units in the project? (units that contain both residential and commercial space)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8	Are the units owned in Fee simple or Leasehold? (Check both if both apply) If any units are owned in leasehold, please describe:	<input type="checkbox"/> Fee Simple	<input type="checkbox"/> Leasehold
9	Is the project located on leased land?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## Section F: Services and Features

1	Is this project licensed as a Hotel or Motel?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2	Does the project contain or provide daily maid service / registration services / daily rentals / central phone services / room service?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a	If Yes, please explain:		
3	Are owners required to purchase mandatory memberships or pay dues (golf, social, or recreational facility) to an outside party, including the developer or builder? If <b>Yes</b> , please describe:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	Describe the common elements and recreational facilities within the project:		

## Section G: Insurance Information

Please provide insurance agency Contact Info:

Name:

Phone:

Email:

FARMERS INSURANCE	626-332-0385	staff.ssuhardja@farmersagency.com
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1	Is any portion of the project located within a Flood Zone?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a	If Yes, is the master flood insurance premium paid by the unit owners as part of Association dues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Section H: Financial Information

### Financial Controls

1	Does the Association or Management Company maintain separate bank accounts for the operating account and the reserves?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2	Does the bank send account statements directly to the Association or does at least one board member have online access to monitor banking activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3	Does the management company maintain separate records and bank accounts for each owner's Association that uses its services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	Is the management company prohibited from drawing checks on or transferring funds from the Association's reserve fund without board approval?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5	Are two signatures required for any check written on the reserve account?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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## Income and Budget

<b>6</b>	Minimum monthly Association dues a unit pays	\$ 225.00	<b>7</b>	Maximum monthly Association dues a unit pays	\$
<b>8</b>	Does the Association operate / own any business?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a</b>	If yes, please describe:				
<b>b</b>	Does the Association operate/own any business that is open to the public?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b>	If yes, please describe:				
<b>9</b>	What is the current amount in the separate reserve fund?				250k
<b>10</b>	Does the Association deposit the minimum reserve requirement of 10% annually into a separate reserve account?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>11</b>	Does the Association provide A/C and/or heating to the individual units?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Delinquent Dues Information

<b>12</b>	<b>How many units are 60+ days late with Association fees?</b>	0
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<b>13</b>	If a unit is taken over in foreclosure or deed in lieu of foreclosure, what is the maximum number of months of delinquent Association fees for which lender is responsible?	<b>13a Deed in Lieu</b>	<b>13b Foreclosure</b>
		<input type="checkbox"/> 0 months	<input type="checkbox"/> 0 months
		<input type="checkbox"/> 1-6 months	<input type="checkbox"/> 1-6 months
		<input type="checkbox"/> 7-12 months	<input type="checkbox"/> 7-12 months
		<input type="checkbox"/> >12 months	<input type="checkbox"/> >12 months

## Special Assessments

<b>14</b>	Are there any pending or outstanding special assessments for the entire project? If Yes, provide the following information for each special assessment and answer 14a:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Reason	Total Amount	Duration	Final Due Date
			months	
			months	
<b>a</b>	If Yes, how many units are 30+ days late with Special Assessment Fees?			units

## Litigation, Mediation, Arbitration

<b>i</b>	Provide information for each case. Attach additional documentation as needed.
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<b>15</b>	Is the Association or Developer involved in any litigation, mediation, arbitration or other dispute resolution process? If Yes, please provide information for each case and supporting documents.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Reason	Party		Attorney Name	Attorney Phone #
<b>a</b>		<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant		
<b>b</b>		<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant		

## Section I: Deferred Maintenance



Response required for Lender's Project Review.

<b>1</b>	Are there any conditions, project wide, regarding deferred maintenance (within the past 5 years) which may negatively impact the safety, structural soundness, habitability, or functional use of any individual unit or the project as a whole?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>a</b>	If Yes, describe and provide supporting documentation, such as architect and/or engineer reports, certificate of occupancy, insurance inspections, notices of pending or active building code violations, fines or liens from local building authority, or special assessments levied for repairs related to these issues.		
<b>b</b>	If yes, please describe:		

### Preparer Information

The undersigned certifies that to the best of their knowledge and belief, the information contained herein and in any addendum or attachments is true and correct and authorizes CoreLogic to utilize the information and provide it to mortgage lenders and other third parties without restriction.

Leslie Ceballos

Vice President

Preparer Name

Preparer Title

Leslie Ceballos

mrthaonline@gmail.com

Phone Number

Email address of Preparer

562-400-2469

04/29/2022

Signature of Preparer

Date (MM/DD/YYYY)

☐ By entering my name and date above and the checking of this e-signature acknowledgement, I certify that I have completed this e-signature with the understanding that it has the same legal effect as my written signature.

For more information please call 844.815.6405.