Homeowners Association Certification

Project and Unit Sales and Occupancy Information

General Information



Project name			IOA TIN:		
Address	City	St	State	ZIP code	

	Note: NA, unknown, and value ranges/estimates are not acceptable.	Entire project	Subject phase	
1	Total number of declared units			
2	Number of residential units sold			
	Number of units under contract			
3	(A) Number of units sold / under contract / owned as primary residence			
	(B) Number of units sold / under contract / owned as second / vacation homes			
	(C) Number of units sold / under contract / owned as investment properties (never occupied for personal use)			
	(D) Number of rented units owned by the developer			
	(E) Number of rented units owned by the association			
4	If the project has 21 or more units, does a single entity own more than 20% of the units within the project? If the project has 20 units or fewer, does a single entity own more than 2 units? If yes, please complete:	☐ Yes	□ No	
	Unit owner last name Number units owned by single entity HOA dues cu	urrent?		
5	Are all units, common elements and/or facilities substantially complete?	☐ Yes	☐ No	
	If "no," are all units, common elements and/or recreational facilities associated with	☐ Yes	☐ No	
6	the subject phase substantially complete? Is the project subject to additional phasing and add-ons?	☐ Yes	☐ No	
6		res Jnits:		
7	(A) Is the project a conversion of an existing building?	Yes	□ No	
,	(B) If "yes," to (A), was the conversion a full gut-rehabilitation?	☐ Yes	□ No	
	(C) If "yes," to (A), what was the original occupancy use/purpose?			
8	Date control of the HOA was transferred from the developer to unit owners:			
9	Date when first units were made available for sale:			
10				
11	To the best of your knowledge, are there any adverse environmental factors affecting the project as a whole or as individual units?	☐ Yes	□ No	
10	If "yes," explain and attach an environmental study, if available.	□ v	□ N-	
12	Do the project legal documents include any age restrictions?	☐ Yes	∐ No	
13	Do the project legal documents include any resale deed restrictions?	☐ Yes	∐ No	
14	Do unit owners have the sole ownership and rights to use the project amenities and common areas?	☐ Yes	☐ No	
15	Are unit owners required to pay mandatory dues to a party other than the HOA or Master Homeowners Association?	☐ Yes	☐ No	
16	Are the units owned in Fee Simple?	☐ Yes	☐ No	
17	Is the HOA involved in any litigation, pre-litigation, mediation, arbitration, or other dispute resolution process? If "yes," explain and provide documentation: Examples (complaint or	Yes	□ No	
18	attorney opinion letter or HOA letter) Is the project part of a Master Homeowners Association?	☐ Yes	□No	
	If Yes, provide the name:			

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General Information

Operation

Financial Information

Project Condition

WELLS	HOME
FARGO	MORTGAGE

19	Is any part of the building used for commercial purposes?	☐ Yes	☐ No
	If "yes," total building sq ft:		
	Total regidential on ft:		
20	Total residential sq ft: Are there any live/work units in the project?	☐ Yes	□ No
21	Does the project include any property that is not real estate, such as houseboats?	☐ Yes	□ No
22	Does the HOA permit owners to hold title to more than one dwelling unit with ownership of	☐ Yes	□ No
22	all units evidenced by a single deed?	☐ 1es	
23	If a unit is taken over in foreclosure, is the mortgagee (lender) responsible for delinquent	☐ Yes	☐ No
	HOA dues by the previous owner prior to the foreclosure?		
2.4	If "yes," are they responsible for: 0-6 7+ months		
24	Do the project legal documents or local zoning limit the amount of time the owners can live	☐ Yes	☐ No
25	in their units? Does the property operate as a resort hotel, renting units on a daily basis?	☐ Yes	☐ No
23	Please check all that are applicable:		
	☐ Daily maid service ☐ Restaurant / food service ☐ Rental pool		
	☐ Check in rental desk ☐ HOA or Management Company licensed as a hospitality	ty entity	
	HOA charges a transient occupancy (rental) fee to owners or renters	, ,	
26	Does the project include any timeshare, fractional or segmented ownership units?	☐ Yes	☐ No
27	Does the project operate as a Continuing Care Retirement Community?	☐ Yes	☐ No
28	Is the project a tenancy-in-common apartment project?	☐ Yes	☐ No
29	Total income budget for this year: Total reserves budgeted for the year:		
30	Current amount in reserve fund: Current amount in operating fund: _		
31	Does the HOA receive any income from business operations owned or operated by the	☐ Yes	☐ No
	HOA?		
	If yes, what is the amount and source of the income?		
32	Please provide the following financial controls information for projects > 20 units		
	A. Does the HOA or management company maintain separate bank accounts for the	∐ Yes	☐ No
	operating account and the reserves? B. Does the bank send account statements directly to the HOA?	☐ Yes	☐ No
	C. Does the management company maintain separate records and bank accounts for each	☐ Yes	□ No
	owners association that uses its services?	□ 163	
	D. Is the management company prohibited from drawing check on or transferring funds	☐ Yes	☐ No
	from the HOA's reserve fund without board approval?		
	E. Are two signatures required for any check written on the reserve account?	☐ Yes	☐ No
33	Is the project professionally managed? If yes, please provide contact information:	☐ Yes	☐ No
	Company Name:		
24	Contact: Phone: Email:	□Vaa	□ No
34	Has the project ever been evacuated due to health or safety issues or by government order?	☐ Yes	∐ No
	If yes, please provide information on why the project was evacuated and provide		
	remediation documents. Date evacuated: Reason:		
	Explain how the issue was resolved and provide supporting documentation:		
35	Are there any outstanding violations of federal/state/local requirements (zoning ordinances,	☐ Yes	☐ No
	codes, certificate of occupancy, etc.) related to the safety, soundness, structural integrity,		
	or habitability of the project's building(s)?		
	If Yes, please attach a detailed explanation.		

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Project Condition Information

Insurance Information

WELLS	HOME
FARGO	MORTGAGE

Di	ate	Telephone	Wells Fargo team member Signature	Da	te
Si	gnature		Wells Fargo team member (print name)		
	osition / tit	le	HOA representative title	Te	lephone
Pr	int name		HOA Representative (print name)		
obtained verbally		Wells Fargo to complete the section belo	ow if inforr	nation is	
		changes or cancellation to the project coverage:			
-	46	Amount carried by the management company?			ıbstantial
Insurance Information	45	program? Is the HOA insured for Fidelity Bond? If "yes," amount per occurrence:		☐ Yes	□No
		Does the insurance cover at least 100% replacement cost? Or, is the coverage the maximum available per condominium federal flood		☐ Yes ☐ Yes	☐ No ☐ No
0	77	If "yes," is flood insurance in force?		Yes	☐ No
מכוסו		If "yes," amount per occurrence \$		☐ Yes	□ No
_	42 43	, , , , , , , , , , , , , , , , , , , ,		Yes	□ No
	41	, ,			☐ No
	40	Are common elements / limited common elements in	•	☐ Yes ☐ Yes	☐ No
	39	Are the special assessments being paid as p Is the HOA a Named Insured on the master insurance	ce policy?	☐ Yes	☐ No ☐ No
Proje		If yes, please attach (a) an explanation of the reason for the special assessment, (b) the total amount assessed and payment terms, and (c) the most recent financial statements.			_
Project Condition Information	38	systems, HVAC or plumbing? If yes, please attach (a) a detailed description of the repairs, (b) the status of repairs, and (c) a copy of any inspections completed. Does the project have any current or planned special assessments?			□ No
	37	habitability concerns or outstanding maintenance for major components including but not limited to: roof, foundations, load bearing structures, electrical systems, mechanical			☐ No
		What type of inspection was required? Please attach the inspection report/results for If no, please explain why:	or review.		_
	36	requirements related to the safety, structural integring of the safety, has the required inspection been compared to the safety.	ity or habitability of the project?	∐ Yes	∐ No

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