

# Co-op Questionnaire TO BE COMPLETED BY CO-OP OR MANAGEMENT REPRESENTATIVE

### **General Information**

Customer Name:		Loan #	Unit #	
Corporation Legal N	ame:		<u>-</u>	
Property Address (C	ity, State, Zip Code): _			
Co-op Corporation's	Tax Identification (TI	N):		
Project type (Check	all that apply.)			
□ High Rise	☐ Mid Rise	□ Townhouse	□ Row House	
□ Garden Level	□ Other			
Does the building co	ontain any of the foll	owing? (Check all that app	oly.)	
☐ Daily or short-ter	m rentals, hotel/reso	rt activities		
□ Leasehold				
□ Continuing Care	Retirement Communi	ty or Life Care Facility whe	ere residents sign long-term contra	cts
for housing, medica	l assisted-living, and c	other services		
☐ Sponsor/Develor	oer retained ownershi	p interest in any of the am	nenities or facilities - If checked,	
provide specifics				
☐ Manufactured He	omes			
☐ Limited Equity				
☐ Other unique cha	aracteristics			

Created: December 7, 2021



# **Completion Information**

iness, industrial or other non-residential use within the last 3 years?  Yes No nswer is Yes, answer a-d below: What was the conversion date?  What was the building's prior use?  Was the conversion a total gut rehabilitation?  Yes No What major components of the project have been replaced?  Information (Complete the following for Residential Units only): al # of buildings in project: al # shares in project: al # residential units in project: al # owner-occupied units/shares:
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al # investor-owned/sublet shares/units (not owned by sponsor):
nsor/Holder of Unsold Shares – Tenant Occupied shares/units (Market Rent):
nsor/Holder of Unsold Shares – Tenant Occupied shares/units (Regulated Rent):
nsor/Holder of Unsold Shares – Vacant shares/units:
al # shares/units owned by the co-op corporation:
re there been any contiguous units from the original plan combined to form larger ts/apartments? If Yes, what was the original number:



# **Sponsor/Holder of Unsold Shares Information**

<b>15</b> .	Sponsor/Holder of Unsold Shares Name:				
16.	Sponsor//Holder of Unsold Shares phone#/email:				
18. 19.	Has the Sponsor/Holder of Unsold Shares been current with all Co-op financial obligations				
	during the past 12 months? $\square$ Yes $\square$ No $\square$ If No, provide details of delinquencies:				
	How many units/shares are subject to non-eviction rent regulation codes (e.g., rent controlled/stabilized/protected)?				
	New York Only - Is the Sponsor/Holder of Unsold Shares exempt from filing amendments with				
	the New York Attorney General's Office? ☐ Yes ☐ No				
	If No, number of last Attorney General AmendmentDate Filed:				
	If Yes, date CPS-5 exemption was filed				
	Other Information				
20.	Has sponsor relinquished control to the Board of Directors? ☐ Yes ☐ No				
	If Yes, provide date:				
	Does any entity (the same individual, investor or investor group, partnership, or corporation) excluding the sponsor/holder of unsold shares own more than the following total number of units in the project?				
	☐ Projects with 5 to 20 units - 2 units				
	☐ Projects with 21 or more units - 20%				
	If Yes, please identify the entity and how many units owned?				
22.	Is the cooperative a party to any current or pending litigation, arbitration, or mediation				
	(excluding collection or foreclosure actions)? $\square$ Yes $\square$ No				
	If Yes, please provide a copy of the complaint and status update				
23.	How many shareholders are delinquent on their maintenance/assessment fees greater than 30 days and greater than 60 days?/				
24.	Are any of the units/apartments subject to resale restrictions or affordable or subsidized				
	housing programs that restrict the resale the price, occupancy, or age? $\square$ Yes $\square$ No				
	If Yes, list type of restrictions and unit #s:				



25.		es the co-op impose a flip tax, waiver, or stock transfer fee?   Yes   No es, amount: \$/%
26.	ls t	he lender exempt from paying the flip tax/waiver or stock fee in the event of foreclosure,
	or a	any other transfer by the borrower in lieu of foreclosure?   Yes  No
27.	Do	es the co-op qualify as a Residential Corporation as defined by IRS section 216?
		Yes □ No
28.	Pro	prietary Lease expiration date:
29.		nanagement aware of any building violations against the project buildings? $\Box$ Yes $\Box$ No es, provide details
30.	Are	e any major capital improvements planned soon? $\square$ Yes $\square$ No
31.	Are	there any current or planned special assessments?   Yes  No
		es, what is the reason for the special assessment? What is the total amount assessed and ment terms?
32.	If t	here are any current or planned special assessments, are they related to the safety,
	sou	indness, structural integrity, or habitability of the cooperative buildings $\Box$ Yes $\Box$ No
33.		s the Co-op had an Engineer's Report, inspection or other certification reports completed hin the last 5 years to identify any deferred maintenance that may need to be addressed?
		Yes □ No If Yes, provide a copy of the report.
34.	Do	es the co-op have a garage or other parking facilities? $\square$ Yes $\square$ No $$ Is it owned by the co-op
	cor	poration or another entity?   Yes   No
35.	ls a	ny space within the project address or project site designated for commercial or non-
	res	<b>idential use?</b> $\square$ Yes $\square$ No $$ Please include above and below grade space used for commercial
		poses, such as public parking facilities, retail space, apartments, professional or commercial ces, etc.,
	If a	nswer is Yes, answer a-c below:
	a.	What is Commercial/Professional Square Footage:
	b.	What is the Percentage of Building's Square Footage devoted to Commercial/Professional use?
	C.	Describe the Commercial/Professional use

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	nit owners have sole ownersh mon areas? □ Yes □ No	nip interest in and the right to u	se the project amenities
If No, ex	•	est in and rights to use the proje	ect amenities and
	Co-op Underlyir	ng Mortgage Information	<u> 1</u>
	Co-op Under	lying Mortgage Information	
	1 <sup>st</sup> Mortgage	2 <sup>nd</sup> Mortgage	Line of Credit
Lender			
Balance			
Maturity Date			
Monthly Payment			
Interest Rate	%	%	%
Balloon Note?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
37. Has the	underlying mortgage/ line of o	credit been modified/extended	or refinanced since the
last finai	ncial statement? 🗆 Yes 🗆 No		
If Yes, pl	ease describe terms		
		nths, please describe the Board'	
	Co-op Insu	urance Information	
nsurance Carrie	r	Agent Name	
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#### **Co-op Management Information**

#### Certification

The undersigned hereby certifies that to the best of their knowledge and belief, the information and statements contained on this form and any attachments are true and correct. The undersigned further represents they are authorized by the Board of Directors to provide this information on behalf of the Board.

Is the co-op professionally managed? $\square$ Yes $\square$ No
Management Company Name:
Printed Name of Cooperative Representative or Preparer of Form:
Title of Cooperative Representative or Preparer of Form:
Email/Phone Number of Cooperative Representative or Preparer of Form:
Date

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