



HOMEOWNER'S ASSOCIATION CERTIFICATION

Project Name: _____
 Homeowner's Association: _____
 Name: _____
 Address: _____
 City/State: _____ Zip Code: _____

Please complete the following certification:

Total # of units in the project _____
 # of units that have been sold to bonafide purchasers who have closed or are legally obligated to close _____
 # of units that are unsold (still owned by developer) _____
 # of units that are or will be owner occupied _____
 # of unit owners that are 30 days or more delinquent _____
 Amount of monthly dues per unit _____

1. Are all common areas and recreational facilities installed and completed?
 Yes _____ No _____ If no, please explain: _____
2. Are additional phases planned for the project? Yes _____ No _____ If yes, please explain: _____

3. Are the unit owners (other than the developer) in control of the Homeowner's Association? Yes ___ No _____
4. What date did control of the association pass the unit owners? _____
5. No single entity, other than the developer during the initial sales period, owns more than 10% of the units.
 Yes _____ No _____
6. Are units owned in fee simple and the association has ownership interest in, and rights to the use of the project facilities, common areas. (Leaseholds must meet special FNMA/FHLMC requirements.) Yes _____ No _____
7. Is there any pending litigation involving this HOA? Yes _____ No _____ (If yes, please attach a copy of the lawsuit)
8. Is there a management company which handles funds? Yes _____ No _____ (RESERVE BALANCE: \$ _____)
 Name: _____
 Phone #: _____
9. For all conversions:
 - A. All rehabilitation is complete? Yes _____ No _____
 - B. If converted less than three years ago, please submit architect's or engineer's report for review.
10. Evidence of project Insurance:
 - A. 100% current replacement cost hazard insurance on common structures is required.
 - B. At least \$1 million general liability for HOA.
 - C. Flood insurance, if required.
 - D. Fidelity Bond to cover Board of Directors for HOA (In All Cases) and management company if they handle the funds. (Bond requirement is three months assessments, plus reserve fund balance.)
 - E. Please provide copies of above insurance coverage.
 Name: _____
 Phone #: _____

THE ABOVE INFORMATION WAS OBTAINED FROM THE FOLLOWING REPRESENTATIVE OF THE PROJECT OWNERS ASSOCIATION:

Name: _____ Position: _____
 Telephone Number: _____ Date: _____