

Homeowners Association Certification Review

Project Name and Address 1. Are all common elements and/or facilities substantially complete? Yes No If no. are all common elements and/or recreational facilities associated with the subject phase complete? Yes No If yes, number of additional phases and units to be built Phases: Units: 3. Is the project a conversion of an existing building? Yes No If yes, what was original building purpose? If yes, what was original building purpose? If yes, was conversion a full gut-rehabilitation? Yes No If yes, was conversion a full gut-rehabilitation? Yes No If yes, was conversion a full gut-rehabilitation? Yes No If yes, was conversion a full gut-rehabilitation? Yes No If yes, was conversion a full gut-rehabilitation? Yes No If yes, was conversion and value from the developer to unit owners. Project pre-sale and owner occupancy questions are based on declared units and not proposed units. Subject Phase Subject Phase Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not acceptable Note: N/A, unknown and value ranges/estimates are not	Date		Loan#	Contact Name & Phone			
If no, are all common elements and/or recreational facilities associated with the subject phase complete? Yes No	Project Name and Address						
If yes, number of additional phases and units to be built: Phases: Units: State project a conversion of an existing building? Yes No	1.						
3. Is the project a conversion of an existing building? Yes No	2.	Is the project subject to additional phasing and add-ons? ☐ Yes ☐ No					
If yes, what was original building purpose? If yes, was conversion a full gut-rehabilitation?		If yes, number of addit	tional phases and units to be b	ouilt: Phases: Units:			
If yes, was conversion a full gut-rehabilitation? Yes No	3.	Is the project a conver	sion of an existing building?	☐ Yes ☐ No			
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Entire Project Subject Phase 5. Date when first units made available for sale Note: N/A, unknown and value ranges/estimates are not acceptable 6. Total number of units		If yes, was conversion a full gut-rehabilitation?					
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If yes, explain and provide and documentation: 15. To the best of your knowledge, are there any adverse environmental factors affecting the project as a whole or as individual units? Yes No 16. Does the owner's association have a reserve fund separate from the operating account? Yes No If yes, is it adequate to pay for deferred maintenance? Yes No Current amount in fund 17. Total income budget for this year: Total Reserves budgeted for the year	13.	In the second state of the second sec					
individual units?	14.						
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	17.						



Date Phone	Neptune Wholesale Associate Signature	Date
Signature	Neptune Wholesale Associate (print name)	
	-	
Position/Title	HOA Representative Title	Phone
Print Name	HOA Representative (print name)	
Certification completed by: Obtained verbally	Neptune Wholesale to complete information	
completed for the Homeowner's Association re-certification.		a I IIIust DE
The above information was obtained from the following representat	tive of the project's Homeowners Association	n. #1 – 13 must be
changes or cancellation of the project coverage?		a, substantial
33. Minimum number of days required for written notification to		e any substantial
Amount carried by management Co.: \$		
32. Is the HOA insured for Fidelity Bond? ☐ Yes ☐ No If	,	05 140
31. Does the HOA provide hazard insurance coverage for the inte	_	_
30. Is the HOA insured for general liability? Yes No If ye		
Or, is this the coverage maximum available per condominium		
Does this cover at least 100% replacement? Yes No		
If yes, is flood insurance in force? Yes No	L 165 L INO	
29. Are units or common improvements located in a flood zone?		
Are common elements/limited common elements insured to 28. Coverage \$ Deductible \$	·	
25. Do the project legal documents or local zoning limit the amou26. HOA is named insured on master insurance policy?		
If yes, what percentage of square footage?%	unt of time the owner can live in their wait?	
24. Is any part of the project used for commercial purposes?	LIES LINO	
Percentage of square footage:		
	9/6	
☐ Time share ☐ Mandatory rental pool	Daily maid service	iques, etc.)
Please check applicable services: Restaurant / food service	Daily maid sorvice	igues etc.)
23. Does the property operate as a resort hotel; renting units If yes, number of years in operation:	on a ually pasis! Tes NO	
	<u> </u>	
22. If a unit is taken over in foreclosure or deed-in-lieu, is the months of the second of the secon		. HOA uues: 🔲 tes 🔲 Ni
21. If there are any amenities/recreational facilities, are they ow	·	- HOA dues? \square Ves. \square Ne
20. Are the units owned in fee simple or leasehold? Fee Sim	·	
19. Is the unit part of a legally established condominium project,	<u> </u>	oy unit owners ∐Yes ∐N
If yes, list the restriction(s) (i.e. Age Restrictions, First Right		
The state of the s	-6 D -6 L -4- \	