

## Fannie Mae Attached PUD Project Questionnaire

Date: \_\_\_\_\_ Loan No. \_\_\_\_\_ Borrower(s) Name: \_\_\_\_\_  
Project Name (Exact) \_\_\_\_\_ Phase Number: \_\_\_\_\_  
Project Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Subject Property Address/Unit #: \_\_\_\_\_

**A mortgage loan is being processed on the subject property listed above.  
The following information is required to complete the process. Your timely response is appreciated.**

### PROJECT PROFILE CHECKLIST (TO BE COMPLETED BY HOA, MANAGING AGENT OR DEVELOPER))

1. Unit Sales The project consists of \_\_\_\_\_ total units ☐ Attached ☐ Detached (if detached form N/A)
2. What are the monthly HOA dues for the subject unit? \$ \_\_\_\_\_  
**Yes No**
3. ☐ ☐ Is membership in the HOA mandatory?
4. ☐ ☐ Is the subject property part of a condominium project?
5. ☐ ☐ Are the common areas and improvements owned and maintained by the HOA?
6. ☐ ☐ Are the common areas and improvements 100% complete?
7. ☐ ☐ Has the HOA been turned over to the unit owners? If yes, as of \_\_\_\_/\_\_\_\_ (mm/yy)
9. ☐ ☐ Is the subject unit substantially complete?
10. ☐ ☐ Is the project covered by liability insurance? If yes:
  - Amount of coverage \$ \_\_\_\_\_
  - Minimum number of days required for written notification to be given to HOA or insurance trustee before any substantial changes to the project coverage can be made or before project can be cancelled: \_\_\_\_\_ days
11. ☐ ☐ Is the project in an SFHA flood zone? If no, skip to question 15
12. ☐ ☐ Does the project maintain a master flood insurance policy that covers the common areas and improvements?
13. ☐ ☐ Does the master flood policy cover the individual units at 100% of the replacement cost, **OR**
14. ☐ ☐ Is the coverage the maximum available per the federal flood insurance program?
15. ☐ ☐ Is the project a Condotel (front desk, daily maid service, on-site rental desk, etc.)
16. ☐ ☐ Is project subject to time-share ownership or mandatory rental pools or is an individual property owner's ability to utilize the property curtailed in any way?
17. ☐ ☐ Is the project an investment security?
18. ☐ ☐ Does the project consist of property that is not real estate (e.g. houseboat, boat slip, etc.)?
19. ☐ ☐ Do the CCRs split ownership or curtail the borrower's ability to utilize the property?
20. ☐ ☐ Is it a live work project? If yes, is it mostly residential in character and are the unit owners operates of the business? ☐ Yes ☐ No
21. ☐ ☐ Are multi-dwelling units allowed (owner owns more than 1-unit secured by a single deed and single mortgage)
22. ☐ ☐ Is the project subject to zoning restrictions that would prohibit the project from being re-built to current density?

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Yes No

23. ☐ ☐ Is the project a continuing care facility?
24. ☐ ☐ Does the project have any non-incidental business operation owned or operated by the HOA? If yes, what percentage of the projects budgeted income comes from non-incidental business operations? \_\_\_\_\_%
25. ☐ ☐ Is more than 25% of the total square footage of the project used for nonresidential purposes (commercial space)?
26. ☐ ☐ Are unit owners required to pay mandatory upfront and/or periodic membership fees for use of recreational amenities **not** owned by the HOA (i.e. owned by an outside party including developer/builder)?
27. ☐ ☐ Does the project contain manufactured homes?
28. ☐ ☐ Is the **lender** liable for delinquent common charges? If yes, how many months? \_\_\_\_\_
29. ☐ ☐ Is the HOA a party to any current/pending litigation? If yes, please provide details separately
30. ☐ ☐ Projects consisting of 21 or more units: Does any individual or entity own more than 10% of total units? # of units \_\_\_\_/\_\_\_\_%
31. ☐ ☐ Projects consisting of 5-20 units: Does any individual or entity own more than 2 units? # of units \_\_\_\_
32. ☐ ☐ Are any units subject to resale restrictions? If yes, please provide number of below market rate units or number of units with other restrictions such as low-income or moderate-income purchasers/age restrictions that might affect resale. \_\_\_\_\_ units.
33. ☐ ☐ Is project a conversion? If yes, give date: \_\_\_\_ / \_\_\_\_ (mm/yy)

### CONTACT AND SIGNATURE (TO BE COMPLETED BY HOA, MANAGING AGENT)

Contact Name/Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

HOA Tax ID: \_\_\_\_\_

By signing below, I certify that, to the best of my knowledge, the information represented on this form is true and correct.

\_\_\_\_\_  
Signature

### PROJECT CLASSIFICATION: To be completed by underwriter:

The project meets the classification requirements for an attached PUD as detailed in [Fannie Mae Section B4-2.2 Project Eligibility](#).

\_\_\_\_\_  
Underwriter Signature

\_\_\_\_\_  
Date