



201 E. Live Oak Ave.
Arcadia CA 91006
Tel (626) 599-9700
Fax (626) 599-1768

T.J. Financial, Inc. **Condo Project Questionnaire**

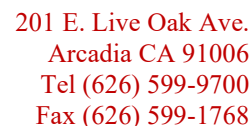
BORROWER: _____
SUBJECT ADDRESS: _____

We are considering the extension of mortgage financing secured by one or more units located in the above referenced project. In order for us to extend financing, our investors require that we obtain information about the project. Any officer of the Homeowner's Association, the managing agent or the attorney for the association may respond. This form must be completed in full in order for the project to be considered for approval.

PROJECT NAME: _____

1. Does the project contain any of the following: a. ☐ Hotel/motel/resort activities, mandatory or voluntary rental-pooling arrangements, or restrictions on the unit owner's ability to occupy the unit b. ☐ Deed or resale restrictions c. ☐ Manufactured homes d. ☐ Mandatory fee-based memberships for use of project amenities or services e. ☐ Non-incidental income from business operations f. ☐ Supportive or continuing care for seniors or for residents with disabilities	
2. Is the project 100% complete, including all construction or renovation of units, common elements, and shared amenities for all project phases? If NO, complete the following: a. Is the project subject to additional phasing or annexation? b. Is the project legally phased? c. How many phases have been completed? _____ d. How many total phases are legally planned for the project? _____ e. How many total units are planned for the project? _____ f. Are all planned amenities and common facilities fully complete? 3. Has the developer transferred control of the HOA to the unit owners? If YES, date of transfer _____ If NO, estimated date of transfer: _____	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
4. Is the project a conversion of an existing structure that was used as an apartment, hotel/resort, retail or professional business, industrial or for other non-residential use within the past 3 years? If YES, complete the following: a. In what year was the property built? _____ b. In what year was the property converted? _____ c. Was the conversion a full gut rehabilitation of the existing structure(s), including replacement of all major mechanical components? d. Does the report from the licensed engineer indicate that the project is structurally sound, and that the condition and remaining useful life of the project's major components are sufficient? e. Are all repairs affecting safety, soundness, and structural integrity complete? f. Are replacement reserves allocated for all capital improvements? g. Are the project's reserves sufficient to fund the improvements?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

5. Complete the following information concerning ownership of units:			
	Entire Project	Subject legal phase (in which the unit is located) if applicable	
Total number of units			
Total number of units sold and closed			
Total number of units under bona-fide sale contracts			
Total number of units sold and closed or under contract to owner-occupants			
Total number of units sold and closed or under contract to second home owners			
Total number of units sold and closed or under contract to investor owners			
Total number of units being rented by developer, sponsor, or converter			
Total number of units owned by the HOA			
6. How many unit owners are 60 or more days delinquent on common expense assessments? 7. In the event a lender acquires a unit due to foreclosure or a deed-in-lieu of foreclosure, is the mortgagee responsible for paying delinquent common expense assessments? If YES, for how long is the mortgagee responsible for paying common expense assessments? ☐ 1-6 months ☐ 7-12 months ☐ More than 12 months 8. Is the HOA involved in any active or pending litigations? If YES, attach documentation regarding the litigation from the attorney or the HOA			☐ Yes ☐ No ☐ Yes ☐ No
9. Does any single entity own more than 2 units for project with 5-20 total units? Or 20% of total units for project with 21 or more units? If YES, a. identify single entity: _____ b. how many units are owned by single entity? _____ 10. Do the unit owners have sole ownership interest in and the right to use the project amenities and common areas? If NO, explain who has ownership in the rights to use the project amenities and common areas: _____ 11. Are any units or any part of the building used for non-residential or commercial space? If YES, % of total square footage: _____. Purpose of space: _____			☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

02/11/2026



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23. Are units or common elements located in a flood zone? If YES, flood coverage is in force equaling (select only one option below): ☐ 100% replacement cost ☐ Maximum coverage per condo available under the National Flood Insurance Program ☐ Some other amount (enter amount here): \$ _____ 24. Check all of the following that apply regarding HOA financial accounts: ☐ HOA maintains separate accounts for operating and reserves funds. ☐ Appropriate access controls are in place for each account. ☐ The bank sends copies of monthly bank statements directly to the HOA. ☐ Two members of the HOA Board of Directors are required to sign any check written on the reserves account. ☐ The management company maintains separate records and bank accounts for each HOA that uses its services. ☐ The management company does not have the authority to draw checks on, or transfer funds from, the reserve account of the HOA. 25. Supply the information requested below. Do NOT enter "contact agent" <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Type of insurance</th> <th style="width: 25%;">Carrier/Agent name</th> <th style="width: 25%;">Carrier/Agent phone number</th> <th style="width: 25%;">Policy Number</th> </tr> </thead> <tbody> <tr> <td>Hazard</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Liability</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fidelity</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Flood</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of insurance	Carrier/Agent name	Carrier/Agent phone number	Policy Number	Hazard				Liability				Fidelity				Flood				☐ Yes ☐ No
Type of insurance	Carrier/Agent name	Carrier/Agent phone number	Policy Number																		
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I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on this form and the attachments are true and correct. It is provided on behalf of the homeowner's association noted above.

Authorized HOA Representative	Date	Company Address
Signature		Phone Number
Title		Email Address