

HOMEOWNERS' ASSOCIATION CERTIFICATION

Association: _____

Unit Address: _____

Owner Name: _____

Transaction Type: _____ Refinance / Sale _____ Occupancy Type: _____ Owner / Non-Owner _____
Circle One Circle One

1. Total number of units in project through subject phase? _____

2. Is the project subject to additional phasing or annexation? Yes _____ No _____

If yes, please note number of additional phases: _____

3. Total number of units sold and closed? _____

4. Total number of units sold, pending or closing? _____

5. Total number of units unsold? _____

6. Total number of units that are owner occupied as of this date? _____

7. Total number of units that are rentals as of this date? _____

8. Does any single business entity or person own more that 10% of the project? Yes _____ No _____

If yes, how many business entities/owners are there? _____

9. Monthly Homeowners Dues: \$ _____ Next Increase: _____ Is Account Current? _____

If Account Delinquent, Amount to bring Current: \$ _____

Does monthly Homeowners' Dues include payment for fire insurance? _____ Please fill in Item #24

10. Any special assessments planned, or have there been any during the previous 12 months? Yes _____ No _____

If yes, state nature and amount: _____

11. Total number of unit owners 30 days or more delinquent on Association Dues? _____

12. Are the unit owners (other than the developer) in control of the Association? Yes _____ No _____

If yes, what date did control of the Association pass to the owners? _____

If no, what is projected date of "turnover"? _____

14. Any pending litigation against the Association or against Developer? Yes _____ No _____

15. All units, common areas, and facilities complete? Yes _____ No _____

16. All units, common areas, and facilities are within the project boundaries? Yes _____ No _____

17. Homeowners' Association budget contains an adequate dollar amount for replacement reserves?

Yes _____ No _____ If No, please explain: _____

18. Does the Association carry Fidelity bonding for the officers and employees? Yes _____ No _____

If yes, what is the dollar amount of coverage? \$ _____

19. What are current liabilities and reserves for future replacement of the Common Area?

Current Liabilities = \$ _____ Current Reserves = \$ _____

20. Is the project subject to zoning which restricts future sales of any of the units? Yes _____ No _____

21. Is the project subject to a leasehold estate and, if so, are the household and subleases in full force and effect and not subject to any prior lien or encumbrance by which the leasehold or sub-leasehold could be terminated or subject to any charge or penalty? Yes _____ No _____

22. Please fill in name, address and telephone number of project Management Company:

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

23. Term of Contract: _____ Termination Clause: _____

24. Please provide name, address and telephone number of insurance company and agent:

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

25. Does the project have any commercial space within the development? Yes _____ No _____

26. Project is a conversion? Yes _____ No _____

27. Association requires Architectural Inspection of unit before escrow closes on a sale? Yes _____ No _____

28. Association requires Architectural Inspection of unit before escrow closes on a refinance? Yes _____ No _____

Please provide this fully completed Certification plus the most recent Budget and Financial Statement for the Association.

Preparer's Signature _____

Date _____

Name/Title _____

Telephone Number _____