

FHA CONDOMINIUM RECERTIFICATION CHECKLIST

SECTION A: GENERAL CONDOMINIUM PROJECT INFORMATION

FHA Condominium ID Number (Required):

Complete Legal Name of Project (Required):

Project Address (Required):

Address Line 1:

Address Line 2:

Major Cross Streets:

City:

State:

ZIP Code:

Association Name:

Association Contact Name and Phone Number:

Association Contact Email Address:

Association Contact Fax Number:

SECTION B: PROJECT STATUS

Is the project 100% complete, including all units, common elements, buildings, amenities, facilities, and phases?

Yes No

If **Yes**, what year was the project completed?

If **No**, describe the items that need to be completed including additional phasing and add-ons:

Has control of the association been turned over to unit owners?

Yes No

If **Yes**, specify the date the developer transferred control.

If **No**, what is the anticipated future date for control to be transferred to unit owners?

SECTION C: PROJECT INFORMATION

Manufactured Housing: Yes No

2-4 Unit: Yes No

Leasehold: Yes No

Live/Work: Yes No

If **Yes**, what is the percentage of live/work space?

Master Association: Yes No

If **Yes**, what is the name of the Master Association?

Total Number of Units:

Of the Total Number of Units, how many units are:

_____ Number of owner occupied units

_____ Number of Principal Residences

_____ Number of Secondary Residences

_____ Number of Vacation Homes

_____ Number of bank-owned units (REO)

_____ Number of investor owned units

Number of units where the Association dues are **>60** days delinquent (includes REO owned units)

Affordable Housing Units: Yes No

If **Yes**, what is the number of defined affordable housing units?

Rent Stabilized Units: Yes No

If **Yes**, what is the number of rent stabilized units?

Commercial Space: Yes No

If **Yes**, what is the percentage of commercial space?

SECTION D: REQUIRED DOCUMENTATION

Cover Letter (Required)

Recertification Checklist (Required)

Project Certification (Appendix A) - required

All Recorded Amendments to Covenants, Conditions and Restrictions (CC&Rs) since initial approval or last recertification approval (if applicable)

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Financial Documents:

Budget (annual – no more than 12 months old)

Balance Sheet (not more than 90 days old)

Income and Expense Statement (current – not more than 90 days old)

Prior Year-End-Income and Expense Statement

Note: Bank statements or a reserve study may be required to support financial status, including sufficient reserves.

Management Agreement (if applicable)

Leasehold Agreement (if applicable)

Affordable Housing Agreement (if applicable)

Special Assessments – pending, current or paid within 12 months of submission date Yes No

If **Yes**, provide required explanation letter.

Litigation (against Association, its officers or directors) – pending, current or settled within 12 months of submission date Yes No

If **Yes**, provide required explanation letter.

Insurance:

Hazard Insurance (must cover 100% of the replacement cost)

Liability Insurance

Fidelity Insurance (if applicable) Association Management Company (if applicable)

Flood Insurance or FEMA Flood Map (if applicable)

SECTION E: APPLICATION SUBMITTER INFORMATION

Submitter Name:

Submitter Company Name:

Submitter Type: Mortgagee Builder/Developer Project Consultant Attorney

Condominium Association Management Company

Submitter Telephone Number:

Submitter Email Address:

Submitter Fax Number:

Submitter Address (P.O. Box is not acceptable):

Address Line 1

Address Line 2

City:

State:

ZIP Code: