



Cooperative Project Questionnaire	
Project Name:	
Property Address:	
City, State, Zip:	
County/Borough:	Co-op Tax ID#:

Section 1: General Project Information			
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1	Are the units of the project?	ATTACHED	DETACHED
2	Total # of Buildings in entire project		
3	Total Units	# Of Units	
	Total # of Residential Units		
	Total # of Non-Residential Units (Commercial, Professional, etc.)		
	Total # of Units Complete		
	Occupancy/Ownership	# Of Units	# Of Shares
	3a. Owner Occupied (includes 2 nd Homes)		
	3b. Investor/Sublet		
	3c. Co-op Owned (Treasury Share Units)		
	3d. Sponsor/Holder of Unsold Shares - Vacant*		
	*Of the vacant units, how many are marketed for sale?		
3e. Sponsor/Holder of Unsold Shares - Tenant Occupied (Market Rent)			
3f. Sponsor/Holder of Unsold Shares - Tenant Occupied (Regulated Rent)			
4	Totals		
5	Are all units, common elements, and facilities within the project or subject legal phase 100% complete?	YES	NO
	5a. If NO, describe any incomplete phases/units/areas:		
6	Is the project subject to additional phasing or annexation?	YES	NO
7	Is the Sponsor/Developer still in control?	YES	NO
	7a. Year when control was turned over to the Co-op?		
8	Are any of the common areas still owned by the Sponsor/Developer?	YES	NO
9	Does any single person or entity own more than one unit in the project?	YES	NO
	9a. If YES, how many units are owned by each person or entity?		

Section 2: Project Characteristics			
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11	Does the project contain any of the following?		
	11a. Hotel/motel/resort services, mandatory or voluntary rental pooling arrangements, or other restrictions on the unit owner's ability to occupy the unit?	YES	NO
	11b. Restrictions on year-round occupancy (e.g., blackout dates, timeshares, or segmented ownership)	YES	NO
	11c. Resale restrictions, Live Work Residency, Limited Equity, or Mitchell Lama?	YES	NO
	If YES, please explain:		
	11d. Manufactured Homes or Houseboats?	YES	NO
	11e. Mandatory fee-based memberships to a 3 rd party for use of project amenities or services?	YES	NO
	11f. Supportive or continuing care for seniors or for residents with disabilities?	YES	NO



12	Is any part of the project used for Commercial/Non-Residential purposes?		YES		NO
	12a. If YES, what percent (%) of the total project square footage?				
	12b. What types of businesses use the space?				
13	Does each unit have its own heating and cooling system?		YES		NO
14	Is the Co-op part of a Condominium project (Condom)? <i>If YES, provide the Condominiums most recent 2 years audited financials, declaration & bylaws.</i>		YES		NO
15	Is the project a conversion of an existing building?		YES		NO
	15a. If YES, when was the conversion completed?				
	15b. Was the conversion a Full-Gut (down to shell of structure, including replacement of all HVAC, plumbing and electrical components) or Non-Gut conversion?			FULL-GUT	
				NON-GUT	
		15c. If completed within the last 3 years, provide a copy of the original conversion report.			
Section 3: Sponsor/Holder of Unsold Shares					
16	Name(s):		Phone #:		
17	Sponsor/Holder's total number of shares? (Itemize if more than one Holder)				
18	Sponsor/Holder's total monthly maintenance fee?				
19	Sponsor/Holder's total monthly rental income from unsold shares?				
20	Are maintenance fees current for all shares/units?		YES		NO
21	Last Attorney General Amendment filed?				
22	Are Sponsor shares/units pledged as collateral for a loan? If YES, advise below...		YES		NO
	Lienholder:		Maturity Date:		
23	Does the Sponsor/Holder have an ownership interest or other rights in the project's real estate or facilities other than the interest or rights to the unsold units?		YES		NO
Section 4: Legal & Financial Information					
24	Does the project qualify as a Residential Co-op as defined by IRS Rule 216?		YES		NO
25	Is the project subject to Ground Rent/Lease?		YES		NO
26	Proprietary Lease expiration date?				
27	How many shareowners are 30 or more days delinquent on financial obligations to the Co-op?				
28	How many shareowners are 60 or more days delinquent on financial obligations to the Co-op?				
29	Does the Co-op limit the percentage of financing?		YES		NO
	29a. If YES, maximum financing or LTV/CLTV the Co-op will permit?				
30	Does the Co-op impose a Flip Tax/Transfer Fee/Waiver of Option Fee? If YES, see below...		YES		NO
	30a. If YES, is the amount of Tax/Fee profit based?		YES		NO
	30b. Are institutional lenders exempt from payment in the event of foreclosure?		YES		NO
	30c. Method of calculation?				
31	Will any Tax Abatements/Subsidies expire within the next 3 years?		YES		NO
	31a. If YES, explain:				
32	Is the Co-op currently involved in any active or pending litigation, mediation, or arbitration?		YES		NO
	<i>If YES, provide a litigation disclosure that describes; a) the nature of the claim; b) if the insurance company is defending the claim; and c) the estimated amount of the claim.</i>				
33	Are there any Judgments or Mechanic's Liens filed against the Co-op?		YES		NO
34	Does the Co-op have a blanket/underlying mortgage? If YES, provide below...		YES		NO
		FIRST MORTGAGE	SECOND MORTGAGE		
		Lienholder:			
		Mortgage Balance:			
		Maturity Date:			
		Monthly Payment:			



	Interest Rate:										
	Balloon Mortgage:		YES		NO			YES		NO	
	Mortgage Rate Type:		FIXED		ARM			FIXED		ARM	
35	Does the Co-op have a line of credit? If YES, provide below...								YES		NO
	Lienholder:				Credit Limit:						
36	Were all the mortgage payments current over that past 12 months?								YES		NO
37	Is the standard Recognition Agreement to the area used without any additional riders? <i>(If a rider to the Lender's approved Recognition Agreement is required, please provide.)</i>								YES		NO
38	Is the Co-op managed by a management company?								YES		NO
39	Does the Co-op and/or management company adhere to one or more of the following financial controls?								YES		NO
	<ul style="list-style-type: none"> Separate bank accounts are maintained for the working account and the reserve account, each with appropriate access controls, and the bank in which funds are deposited sends copies of the monthly bank statements directly to the Co-op The management company maintains separate records and back accounts for each Co-op that uses its services, and the management company does not have the authority to draw checks on, or transfer funds from, the reserve account of the Co-op. Two members of the Board of Directors must sign any checks written on the reserve account. 										
Section 5: Building Safety, Structural Integrity, Soundness, or Habitability											
40	Has there been a building inspection by a professional or authority in the last 3 years?								YES		NO
	<i>If YES, provide a copy of the inspection report and board meeting minutes to document findings and action plan.</i>										
41	Is the Co-op aware of any significant deferred maintenance or unsafe conditions?								YES		NO
	41a. What are the deficiencies?										
	41b. Are the deficiencies resolved?								YES		NO
	41c. If not resolved, what remains?										
42	Is the Co-op currently aware of any outstanding building enforcement code issues or inspections? <i>If YES, please provide notice from the authority.</i>								YES		NO
If any of the above is not answered, provide: 1. Inspection report completed in last 3 years; 2. Last 3 years HOA meeting minutes; 3. Current YTD Income & Expense Statement; 4. Year-End Statements for prior 2 years; 5. Current Balance Sheet; 6. Current Budget.											
43	Does the project have a preventative maintenance plan and schedule?								YES		NO
	43a. If YES, are reserves being adequately funded to support these?								YES		NO
44	Are there any current or upcoming special assessments against unit owners? If YES:								YES		NO
	44a. Total amount of the special assessment?										
	44b. Payment terms of special assessments?										
	44c. What are the special assessments for?										
	44d. How many unit owners are 60 days or more delinquent on special assessments?										
	44e. Are repairs completed?								YES		NO
	44f. If not completed, what repairs remain?										
Section 6: Master Insurance Contact Information											
	Type of Insurance	Carrier/Agent Name				Phone Number			Email Address		
	Hazard										
	Liability										
	Fidelity (20+ units only)										
	Flood										
	Builder's Risk (if applicable)										



Section 7: Management Company & Preparer Information

I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on the form and the attachments are true and correct.

Company Name:

Address:

Preparer's Name:

Title:

Preparer's Signature:

Phone #:

Email Address:

Date Completed:



Cooperative Common Expense Addendum

Project Name:	
Applicant:	Unit:
Property Address:	
City, State, Zip:	
County/Borough:	Co-op Tax ID#:

Unit Specific Common Expenses

1	How many Shares are allocated to the unit?			
2	How much are Maintenance Fees for the unit?			
	2a. Pay frequency of Maintenance Fee?	Monthly	Quarterly	Annual
3	Special Assessments charged to the shareowner?			
	3a. Pay frequency of Special Assessment?	Monthly	Quarterly	Annual
	3b. Purpose of Special Assessment?			
	3c. When do they expire?			

Preparer's Information

Preparer's Name:	Title:
Preparer's Signature:	Phone #:
Email Address:	Date Completed: