

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

	Sect	ion 1: General Project Information			
1	Are the units of the project?		ATTACHED	DETACH	HED
2	Total # of <b>Buildings</b> in entire project		· · ·	· •	
3	Total Un	its	# Of Units		
	Total # of Residential Units				
	Total # of Non-Residential Units (Commerc	cial, Professional, etc.)			
	Total # of Units Complete				
	Occupancy/Ov	vnership	# Of Units	# Of Sh	ares
	3a. Owner Occupied (includes 2 <sup>nd</sup> Home	s)			
	3b. Investor/Sublet				
	3c. <b>Co-op Owned</b> (Treasury Share Units)				
	3d. Sponsor/Holder of Unsold Shares -	Vacant*			
	*Of the vacant units, how many are r	narketed for sale?			
	3e. Sponsor/Holder of Unsold Shares -	Tenant Occupied (Market Rent)			
	3f. Sponsor/Holder of Unsold Shares -	Fenant Occupied (Regulated Rent)			
4		Totals			
_					
5	Are all units, common elements, and facili complete?	ties within the project or subject lega	al phase 100%	YES	NO
	5a. If NO, describe any incomplete ph	ases/units/areas:		· · ·	•
6	Is the project subject to additional phasin	g or annexation?		YES	NO
7	Is the Sponsor/Developer still in control?			YES	NO
	7a. Year when control was turned ov	er 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 mor	e than one unit in the project?		YES	NO
	9a. If YES, how many units are owned	by each person or entity?			
		ection 2: Project Characteristics			
10	Does the project contain any of the follow			· · · ·	
	10a. Hotel/motel/resort services, mai		irrangements, or	YES	NO
	other restrictions on the unit owner's				
	10b. Restrictions on year-round occu ownership)	pancy (blackout dates, timeshares, o	r segmented	YES	NO
	10c. Resale restrictions, Live Work Re	sidency, Limited Equity, or Mitchell L	.ama?	YES	NO
	If YES, please explain:				·
	10d. Manufactured Homes or House	boats?		YES	NO
	10e. Mandatory fee-based members	hips to a 3 <sup>rd</sup> party for use of project a	amenities or	YES	NO
	services?	· · · · · · · · · · · · · · · · · · ·			
1	10f. Supportive or continuing care fo	r seniors or for residents with disabil	lities?	YES	NO



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	Interest Rate:									
	Balloon Mortgage:		YES	NO			YES		NO	
	Mortgage Rate Type:		FIXED	ARM			FIXED		ARM	
34	Does the Co-op have a line of credit? If	YES, prov	vide below				•	YE	5	NO
	Lienholder:			Credit Limit	:					
35	Were all the mortgage payments current							YE	5	NO
36	Is the standard Recognition Agreement the Lender's approved Recognition Agreement			-	tional ri	ders? (If	<sup>r</sup> a rider to	YE	5	NO
37	Is the Co-op managed by a management company?			YE	5	NO				
38	Does the Co-op and/or management co controls?	mpany a	idhere to one	or more of t	he follov	wing fina	ancial	YE	5	NO
	<ul> <li>the Co-op</li> <li>The management company main the management company does account of the Co-op.</li> <li>Two members of the Board of D</li> </ul>	irectors r	e the authority nust sign any c	to draw cheo hecks writter	tks on, oi n on the	r transfe reserve	r funds fro account.			
20	Section 5: Building S							ubioct to	2014	of the
39 To the best of your knowledge is the Management Company or Board aware of the project being following:				ct being st	ibject to	any c	n the			
	39a. Structural and/or mechanical inspection completed within the last 3 years? Excluding a reserve study. If YES, <b>provide</b> a copy of the inspection report(s).						YE	5	NO	
	39b. Partial or total evacuation order due to unsafe conditions that have not been remediated?						YE	5	NO	
	39c. Advanced physical deterioration or material deficiencies which, if left uncorrected, have the potential to result in or contribute to critical element or system failure within one year (e.g., sea wall, elevators, waterproofing, stairwells)?						YE	5	NO	
	39d. Mold, water intrusion or potentially damaging leaks to the project's building(s) that have not been repaired?					YE	5	NO		
	39e. Failing to pass a state or other jurisdictional mandatory inspections and/or certifications specific to structural soundness, safety, and habitability?						YE	5	NO	
	39f. Having unfunded repairs costing more than \$10,000 per unit that should be undertaken within the next 12 months (does not include repairs made by the unit owner or repairs funde through a special assessment)?						YE	5	NO	
	If any of the above is not ans				st 3 yea	rs of Bo	ard meetii	ng minut	es.	
40	Does the project have a preventative m							YE	5	NO
									~	NO
	40a. If YES, are reserves being adeo							YE	>	NO
41	40a. If YES, are reserves being adea Are there any current or upcoming spe				ers? If YE	ES:		YE YE		NO
	Are there any current or upcoming spe 41a. Total amount of the special as	cial asses	ssments agair		ers? If YE	S:				
	Are there any current or upcoming spe	cial asses	ssments agair		ers? If YE	ES:				
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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:			