

**FHA Condominium  
Project Approval  
Questionnaire**

**U.S. Department of Housing  
and Urban Development**  
Office of Housing

**Public Reporting Burden** for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information collection is required to obtain or retain benefits. This information will not be held confidential. The information is used to process condominium project approvals for forward mortgages and Home Equity Conversion Mortgages. This information is collected to determine if a condominium project is eligible for FHA project approval and if a unit in an approved or unapproved condominium project is eligible for FHA-insured financing. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of the Chief Information Officer, U.S. Department of Housing and Urban Development, 451 7<sup>th</sup> Street SW, Washington, DC 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (OMB Number: 2502-0610) Washington, DC 20503. Do not send this completed form to either of the above addresses.

**General:** Complete the questionnaire as outlined in the Form HUD-9992 Instructions and provide the required documentation per HUD Handbook 4000.1, *FHA Single Family Housing Policy Handbook* (Handbook 4000.1), Condominium Project Approval (section II.C). Provide any additional documentation to support the condominium project approval, as necessary.

Legal Name of Condominium Project: \_\_\_\_\_

Review Type:             Full Review             Recertification Review             Phasing Review  
Approval Process:     DELRAP             HRAP

**Section 1: Submitter Information**

1.a. Organizational Type of Submitter			
<input type="checkbox"/>	Condominium Association	<input type="checkbox"/>	Mortgagee
<input type="checkbox"/>	Project Consultant	<input type="checkbox"/>	Builder
<input type="checkbox"/>	Management Company	<input type="checkbox"/>	Developer
<input type="checkbox"/>		<input type="checkbox"/>	Attorney (Agent)
<input type="checkbox"/>		<input type="checkbox"/>	Other Eligible Submission Source

1.b. Submitter Information			
Organization Name:		FHA Lender ID Number (10-digit; if applicable):	
Street Address:		City:	
State:	ZIP Code:	Phone Number:	Fax Number:
Contact Name/Title:		Email Address:	

**WARNING: This warning applies to all certifications made in this document.**  
Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties. 18 U.S.C. §§ 287, 1001 and 31 U.S.C. §3729

## Section 2: Condominium Project Information

2.a. Condominium Project			
Legal Name of Project:		FHA Condo-ID Number:	
Street Address:		City:	
State:	ZIP Code:	Project Completion Date:	

2.b. Condominium Association			
Condominium Association Name:		Association Tax ID Number:	
Street Address:		City:	
State:	ZIP Code:	Phone Number:	Fax Number:
Contact Name/Title:		Email Address:	

2.c. Management Company				Self-Managed <input type="checkbox"/>
Management Company Name:				
Street Address:		City:		
State:	ZIP Code:	Phone Number:	Fax Number:	
Management Contact Name/Title:		Email Address:		

## Section 3: Project Eligibility

3.a.	FHA Insurance Concentration	Yes	No
1.	Does the FHA Insurance Concentration for the Condominium Project comply with FHA's standard?	<input type="checkbox"/>	<input type="checkbox"/>

3.b.	Recertification Review	<input type="checkbox"/> N/A	Yes	No
1.	Have any of the legal documents been amended since the last FHA approval? If "Yes," submit updated legal documents.		<input type="checkbox"/>	<input type="checkbox"/>

3.c.	Manufactured Home Condominium Project	<input type="checkbox"/> N/A	Yes	No
1.	Is this a Manufactured Home Condominium Project? If "Yes," HRAP processing is required.		<input type="checkbox"/>	<input type="checkbox"/>

3.d.	Legal Phasing	<input type="checkbox"/> N/A	Yes	No
1.	Is the project 100% complete, including all construction or renovation of Units for all Condominium Project Legal Phases? If "No," answer 3.d.2. – 3.d.6. If "Yes," skip to 3.e.		<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>Enter the Number of Planned and Complete Legal Phases and Units.</b>		# of Phases	# of Units
a.	Total planned Legal Phases and Units for the Condominium Project			

3.d. Legal Phasing		<input type="checkbox"/> N/A	
b.	Complete Legal Phases and Units (evidenced by built out Units and a CO, a Temporary CO or equivalent)		
c.	Complete Legal Phases with FHA approval		
d.	Complete Legal Phases and Units submitted for FHA Condominium Project Approval		
		Yes	No
3.	Are all the Complete Legal Phases included in the Condominium Project Approval package?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are the Complete Legal Phases independently sustainable without future planned Legal Phases, as demonstrated by the budget and financial documentation?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the project contain arrangements that guarantee the future completion of all facilities and Common Elements?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the Condominium Project demonstrate positive cash flow from the revenue and expenditures of the completed phases and Common Elements?	<input type="checkbox"/>	<input type="checkbox"/>

3.e. Occupancy Requirements by Construction Type			
<b>1. Owner Occupancy</b>			
<ul style="list-style-type: none"> <li>• <b>Owner-occupied Units include any Unit:</b> <ul style="list-style-type: none"> <li>– occupied by the owner for any portion of the calendar year and that is not rented for a majority of the year;</li> <li>– listed for sale, and not listed for rent, that was previously occupied by the owner as described above; or</li> <li>– sold to an owner who intends to occupy the Unit as described above.</li> </ul> </li> <li>• A Unit owned by the builder/developer is not an owner-occupied Unit.</li> <li>• A non-owner-occupied Unit refers to a Unit that does not meet the requirements above.</li> </ul>			
			# of Units
a.	Provide the <b>total number of Units in the Condominium Project.</b>		
i.	Provide the number of <b>owner-occupied Units</b> (as described in 3.e.1.).		
ii.	Provide the number of <b>non-owner-occupied Units.</b>		
			% of Units
b.	Provide the Owner Occupancy Percentage (owner-occupied Units/total Units).		%
<b>2. Construction Type</b> (Check the Construction Type and answer the applicable questions.)			
a.	<input type="checkbox"/> <b>Existing Construction Projects (greater than 12 months old)</b>		
	Check the box used to comply with the Owner Occupancy Percentage requirement. <input type="checkbox"/> Does not meet the requirement. If checked, Condominium Project is not eligible. <input type="checkbox"/> Meets minimum owner occupancy requirement. If checked, skip to 3.f. <input type="checkbox"/> Meets exception requirement (HRAP submission, within owner occupancy range and limit on lower Units in Arrears). If checked, skip to 3.f.		
b.	<input type="checkbox"/> <b>New Construction: Complete Legal Phase or Complete Condominium Projects (less than 12 months old)</b>		Yes No
	Does the Owner Occupancy Percentage comply with FHA's requirement for the declared Units in the Condominium Project?		<input type="checkbox"/> <input type="checkbox"/>

<b>3.f. Units in Arrears</b>		<b># of Units</b>	
1.	Enter the number of Units in Arrears (more than 60 days past due).		
		% of Units	
2.	Enter the percent of Units in Arrears. (Units in Arrears/total Units)	%	
		Yes	No
3.	Does the percentage of Units in Arrears comply with the FHA requirement?	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.g. Individual Owner Concentration</b>		Yes	No
1.	Does any single owner own more than one Unit? If "Yes," complete the information in the table.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the Individual Owner Concentration comply with the FHA requirement?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Individual/ Entity Name (Attach list for additional individual owners as required.)	Developer/ Builder	# of Units
		<input type="checkbox"/>	
		<input type="checkbox"/>	

<b>3.h. Financial Stability and Controls</b>		Yes	No
1.	Does the Condominium Association have a reserve account for capital expenditures and deferred maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the Condominium Association maintain separate accounts for operating and reserve funds?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a reserve account for capital expenditures and deferred maintenance, that is funded with at least the required FHA percentage of the aggregate of 12 months of Unit assessments?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there evidence that the annual budget reflects a reserve allocation equal to at least the minimum required FHA percentage?	<input type="checkbox"/>	<input type="checkbox"/>
5.	If 3.h.3. or 3.h.4. is "No," check all that apply. Is there an acceptable reserve study that justifies: <input type="checkbox"/> a lower reserve account balance; and/or <input type="checkbox"/> a lower funding rate for the reserve account?		
6.	Provide the following financial information:	Amount	
a.	Annual Condominium Association's Dues for all Unit Owners	\$	
b.	Special Assessments	\$	
c.	Reserve Account Balance	\$	
		Yes	No
7.	Does the Condominium Project have an operating income that demonstrates a stable income stream over the past two years, with decreases that do not exceed FHA's percentage requirement?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the budget demonstrate the ability to cover the cost of insurance coverage and deductibles?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are the financial records consistent with the application package, including special assessments, loans, or other financial variations?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has the project experienced a Financial Distress Event within the last 36 months? If "Yes," refer to Handbook 4000.1, section II.C.2 for additional requirements.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Management Company</b> <input type="checkbox"/> N/A		Yes	No
11.	Does the management company maintain separate records and bank accounts for the Condominium Association?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does the Condominium Association restrict the management company from drawing checks on, or transferring funds from, the reserve account of the Condominium Association without approval from the Condominium Association?	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.i.</b>	<b>Commercial/Non-Residential</b>	<input type="checkbox"/> <b>N/A</b>	<b>Square Footage</b>	
1.	Total square footage			
2.	Total square footage of Commercial/Non-Residential Space			
3.	Total square footage of Residential Space			
				%
4.	Enter the percentage of Commercial/Non-Residential Space in the Condominium Project. ((Total Commercial/Non-Residential Space square footage)/total square footage)			
5.	Check the box to show compliance with the Commercial/Non-Residential Space requirement. The Condominium Project: <input type="checkbox"/> does not comply with the FHA requirement. If checked, project is not eligible; <input type="checkbox"/> complies with the percentage allowed by FHA. If checked, skip to 3.j.; or <input type="checkbox"/> complies with the exception percentage range. If checked, answer 3.i.5.a. and 3.i.5.b.			
			Yes	No
a.	Based upon the analysis of additional required documentation, does the Condominium Project maintain its residential character?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are the Residential and Commercial/Non-Residential Spaces independently sustainable such that neither portion of the project is financially reliant on the other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.j.</b>	<b>Live/Work</b>	<input type="checkbox"/> <b>N/A</b>	<b>Yes</b>	<b>No</b>
1.	Do the Live/Work arrangements comply with the standard for the square footage of the non-residential floor area of the Live/Work Unit?		<input type="checkbox"/>	<input type="checkbox"/>

<b>3.k.</b>	<b>Litigation</b>	<b>Yes</b>	<b>No</b>
1.	Is the Condominium Project or Condominium Association subject to any pending Litigation? If "Yes," provide a signed and dated explanation and answer 3.k.2.—3.k.8. If "No," skip to 3.l.	<input type="checkbox"/>	<input type="checkbox"/>
2.	If there is Litigation, is it related to the safety, structural soundness, habitability, or functional use of the Condominium Project?	<input type="checkbox"/>	<input type="checkbox"/>
		Date	
3.	What is the anticipated settlement or judgement date, if applicable?		
		Yes	No
4.	If applicable, is insurance coverage sufficient to pay out a settlement/judgement without affecting the Financial Stability of the project? If "No," provide an explanation that addresses the impact of the legal action on the future solvency of the Condominium Association, the ability of the homeowners to transfer title, and any impact on the rights of homeowners.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have any required repairs or remedial work to address the issues (i.e., safety, structural soundness, habitability, or functional use of the Condominium Project) been scheduled?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have repairs started?	<input type="checkbox"/>	<input type="checkbox"/>
		Date	
7.	Enter the date for the scheduled completion.		
		Yes	No
8.	Is the Condominium Project or Condominium Association subject to any other Litigation risk not covered by insurance or that exceeds the amount of insurance coverage relating to the potential losses for that matter?	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.l. Leasehold Interest</b>	<input type="checkbox"/> N/A	Yes	No
1. Is the Condominium Project owned under a Leasehold Interest?		<input type="checkbox"/>	<input type="checkbox"/>
2. Does the lease comply with FHA's leasehold guidance?		<input type="checkbox"/>	<input type="checkbox"/>

<b>3.m. Transfer of Control</b>	Yes	No
1. Has Control of the Condominium Association been transferred from the developer/builder to the Unit owners?	<input type="checkbox"/>	<input type="checkbox"/>
		Date
2. Date of transfer or estimated date of transfer (if applicable)		

<b>3.n. Contracts</b>	Yes	No
1. Are there existing contracts entered into by the builder/developer prior to the Transfer of Control? If "No," proceed to 3.o.	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the existing contracts comply with the no more than 90 Days' notice to terminate requirement?	<input type="checkbox"/>	<input type="checkbox"/>
3. If the Condominium Association employs a management company, does the Management Agreement comply with the no more than 90 Days' notice to terminate requirement?	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.o. Recreational Leases/Easements</b>	Yes	No
1. Does the Condominium Project have a Recreational Lease/Easement? If "Yes," answer 3.o.2. and 3.o.3. If "No," skip to 3.p.	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the property owner a nonprofit Entity under the Control of the Condominium Association?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does each Unit owner have the right to opt out of membership with no more than 90 Days' notice and without penalty?	<input type="checkbox"/>	<input type="checkbox"/>

<b>3.p. Legal Restrictions on Conveyance</b>	Yes	No
1. Do the Condominium Project legal documents comply with FHA's legal restrictions on conveyance (free assumability) standards defined in 24 CFR § 203.41?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Condominium Project have affordable housing Units? If "Yes," answer 3.p.3. and 3.p.4. If "No," skip to 3.p.5.	<input type="checkbox"/>	<input type="checkbox"/>
3. If it is an eligible government or nonprofit affordable housing program, does it meet the exceptions defined in 24 CFR § 203.41(c) and (d)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the affordable housing Units identified by recorded legal documents, which specify the Units that are covered under the program?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Condominium Project have private transfer fee covenants? If "Yes," answer 3.p.6. If "No," skip to 3.q.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do the private transfer fee covenants comply with Excepted Transfer Fee Covenants as provided in 12 CFR § 1228?	<input type="checkbox"/>	<input type="checkbox"/>

3.q.	Insurance Requirements	Yes	No
1.	<b>Hazard Insurance:</b> Does the Condominium Association have a master or blanket Hazard Insurance policy in an amount equal to at least 100% of the insurable replacement cost of the Condominium Project, including the individual Units in the Condominium Project?	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>Liability Insurance:</b> Does the Condominium Association have a comprehensive Liability Insurance policy for the entire Condominium Project, including all Common Elements, public ways, and other areas that are under its supervision, in the amount of at least \$1 million for any single occurrence?	<input type="checkbox"/>	<input type="checkbox"/>
3.	<b>Fidelity Insurance:</b> Does the Condominium Association maintain Fidelity Insurance for all officers, directors, and employees of the Condominium Association and all other persons handling or responsible for funds administered by the Condominium Association that complies with the FHA standard?	<input type="checkbox"/>	<input type="checkbox"/>
4.	<b>Flood Insurance:</b> Are Units or Common Elements located in a Special Flood Hazard Area (SFHA)? If "Yes," Flood Insurance is in force equaling (select only one option): <input type="checkbox"/> 100% replacement cost; <input type="checkbox"/> Maximum National Flood Insurance Program (NFIP) coverage available per Unit; or <input type="checkbox"/> Some other amount (enter amount here) \$_____.	<input type="checkbox"/>	<input type="checkbox"/>

3.r.	Special Flood Hazard Areas for New Construction and Manufactured Housing <input type="checkbox"/> N/A	Yes	No
1.	If any portion of the Structures or equipment essential to the value of the Complete Condominium Project is located within an SFHA, select the documentation used to comply: <input type="checkbox"/> a final LOMA or final LOMR from FEMA that removes the Property from the SFHA; or <input type="checkbox"/> a FEMA NFIP Elevation Certificate (FEMA Form 086-0-33)	<input type="checkbox"/>	<input type="checkbox"/>

3.s.	Existing Project (Greater than 12 months)	Yes	No
1.	Was the Condominium Project or Legal Phase completed more than 12 months ago? If "Yes," skip to 3.w. If "No," answer 3.t.1.	<input type="checkbox"/>	<input type="checkbox"/>

3.t.	Complete Condominium Project (Less than 12 months) or Legal Phase <input type="checkbox"/> N/A	Yes	No
1.	Has a signed and dated form HUD-92541, <i>Builder's Certification of Plans, Specifications, and Site</i> been submitted? If "No," go to 3.t.2. If "Yes," skip to 3.t.4.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the form HUD-92541 show any issues noted by the builder/developer? If "Yes," answer 3.t.3. If "No," skip to 3.t.4.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have proper mitigation plans been addressed?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have any Units closed with the Condominium Project or Legal Phase? If "No," answer 3.t.4.a. and 3.t.4.b. If "Yes," skip to 3.t.5.	<input type="checkbox"/>	<input type="checkbox"/>
a.	Has a proposed budget been submitted showing financial stability for the Condominium Project or Legal Phase?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is a current Builders Risk Policy in place?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have all required Hazard Insurance, Liability Insurance, and Fidelity Insurance policies been provided in the name of the Condominium Association?	<input type="checkbox"/>	<input type="checkbox"/>

3.u.	Newly Converted: Gut Rehabilitation	<input type="checkbox"/> N/A	Date	
1.	Provide the recordation date for the newly converted Condominium Project's legal documents.			
			Yes	No
2.	Does the Gut Rehabilitation (Gut Rehab) Condominium Project meet the general FHA Condominium Project Approval requirements?		<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the Gut Rehab Condominium Project comply with the FHA Condominium Project Approval New Construction standards?		<input type="checkbox"/>	<input type="checkbox"/>

3.v.	Newly Converted: Non-Gut Rehab	<input type="checkbox"/> N/A	Yes	No
1.	If the project is a Non-Gut Rehab, have all the rehabilitation work and repairs been completed?		<input type="checkbox"/>	<input type="checkbox"/>
2.	If the project is a Non-Gut Rehab, does it comply with the standards for Existing Construction?		<input type="checkbox"/>	<input type="checkbox"/>
3.	If the project is a Non-Gut Rehab, is there a reserve study prepared by a qualified, independent third party that is less than 36 months old?		<input type="checkbox"/>	<input type="checkbox"/>

3.w.	Two- to Four-Unit	<input type="checkbox"/> N/A	Yes	No
1.	Does state law require the creation of an annual budget or annual financial statements?		<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the project 75% owner occupied?		<input type="checkbox"/>	<input type="checkbox"/>
3.	Are there Units in Arrears? (Excluding late fees or other administrative expenses)		<input type="checkbox"/>	<input type="checkbox"/>

**Section 4: Submitter Worksheet Certification**

I, the undersigned, certify that I have completed the questionnaire with information obtained within the last 90 days from verifiable sources, including a condominium association, public records, independent third parties, or other data sources. The Condominium Project meets FHA requirements. The information and statements contained in all sections of the questionnaire are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Title and Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date