

# IVANHOE FINANCIAL, INC.

## CONDOMINIUM/PUD QUESTIONNAIRE

Project Name \_\_\_\_\_

Association Address \_\_\_\_\_

The undersigned certifies that the following information concerning the above mentioned project is true to the best of his/her knowledge. Please do not use approximate figures.

1. Total number of units in the project \_\_\_\_\_.
2. Total number of units sold in the project \_\_\_\_\_.
3. Total number of units in the "subject property's" phase \_\_\_\_\_.
4. Total number of units sold in the "subject property's" phase \_\_\_\_\_.
5. The property is fully constructed and the recreation facilities and common areas have been fully completed (including those which may be part of an umbrella or a master association) YES \_\_\_ NO \_\_\_. If no, please give a breakdown of the incomplete recreation facilities and common areas. \_\_\_\_\_
6. Is the project subject to any further phasing or annexation? YES \_\_\_ NO \_\_\_
7. Is the project on leased land? YES \_\_\_ NO \_\_\_
8. Do the unit owners have sole ownership in, and rights to the use of, the project's facilities, common elements, and limited common elements? YES \_\_\_ NO \_\_\_
9. The unit owners have been in control of the Condominium/Homeowners Association since the date of \_\_\_\_\_.
10. If there is an umbrella or master association applicable to this project, the unit owners have been in control since the date of \_\_\_\_\_. If not applicable mark N/A.
11. Have there been any special assessments within the past twelve months, or any currently planned? YES \_\_\_ NO \_\_\_
12. Number of unit owners currently 30 days or more delinquent in payment of their unit assessments \_\_\_\_\_.
13. Number of units in the project occupied by primary residents \_\_\_\_\_.
14. Number of units in the project occupied by tenants \_\_\_\_\_.
15. If any of the purchasers in this project are multiple unit owners, please give a breakdown of the number of multiple unit owners and the number of units they currently own. If there are no multiple unit owners, please mark N/A.
16. Current amount in the replacement reserve account \$ \_\_\_\_\_.
17. Is the project professionally managed? YES \_\_\_ NO \_\_\_. If so, please provide the following:  
Name of Management Co. \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_
18. Is the association involved in any pending litigation? YES \_\_\_ NO \_\_\_. If so, please write an explanation on the back of this form.
19. Have there been any special assessments within the past twelve months, or any currently planned? YES \_\_\_ NO \_\_\_  
If yes, please explain: \_\_\_\_\_
20. Does the project allow any daily/nightly rentals? YES \_\_\_ NO \_\_\_

Certified By \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Title \_\_\_\_\_