

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. Number of unit owners currently 30-days or more delinquent in payment of their unit assessments: _____.
12. Number of units in the project occupied by primary residents _____. Number occupied by second home residents _____.
13. Number of units in the project occupied by tenants _____.
14. 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. _____
15. Current amount in the replacement reserve account \$ _____.
16. Is the project professionally managed? YES ___ NO ___. If so, please provide the following: Name of Management Co. _____ Phone # _____ Address _____
17. Is the association involved in any pending litigation? YES ___ NO ___.
(If so, please write an explanation on the back of this form.)
18. Have there been any special assessments within the past twelve months, or any currently planned?
YES ___ NO ___
If yes, please explain: _____
19. Does the project allow any daily/nightly rentals? YES ___ NO ___

Certified By _____ Date _____

Name _____ Title _____ Phone # _____