



10. Is there an on-site REGISTRATION DESK?  YES  NO  
 11. Does the project allow TIMESHARES?  YES  NO  
 12. Do the legal Documents require unit owners to participate in a rental pooling agreement?  YES  NO

13. IS ANY OF THE PROJECT COMMERCIAL?  YES  NO

14. Has control of the Homeowners' Association been turned over to the units owners?  
 YES, control was turned over in \_\_\_\_\_ - \_\_\_\_\_ (month/year)  
 NO, the anticipated date of the transfer of control is: \_\_\_\_\_ - \_\_\_\_\_ (month/year)

15. The monthly Homeowners' Association Dues are: \_\_\_\_\_  
 16. The amount currently held in a RESERVE ACCOUNT for future repairs and/or replacement of major components of the Project is:  
 \$ \_\_\_\_\_ (Please attached a copy of the current budget and financial statements for the past year, only if information not complete)

17. Have the homeowners voted a special assessment within the last two years  YES  NO  
 (IF YES, please describe the nature/purpose, the amount, and per unit charged: ) \_\_\_\_\_

18. Title to the units held:  
 FEE SIMPLE  LEASEHOLD (if leasehold, please attached a copy of the Ground

19. The amenities and common elements are:  OWNED BY THE UNIT OWNER  LEASED TO THE UNIT OWNERS  
 If any part of the common areas is leased land, please attached a copy of the lease

### INSURANCE INFORMATION

**20. Provide the following insurance information for the project OR attach Insurance Declaration page(s) for all insurance policies.**

Insurance Company Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Building/Hazard amount: \$ \_\_\_\_\_ Expiration/Renewal Date: \_\_\_\_\_ (month/year)

100% Replacement Cost:  YES  NO

Liability Amount: \$ \_\_\_\_\_ Expiration/Renewal Date: \_\_\_\_\_ (month/year)

Flood Amount(if applicable) \$ \_\_\_\_\_ Expiration/Renewal Date: \_\_\_\_\_ (month/year)

Fidelity Bond Amount \$ \_\_\_\_\_ Expiration/Renewal Date: \_\_\_\_\_ (month/year)

Earthquake Amount(if applicable: \$ \_\_\_\_\_ Expiration/Renewal Date: \_\_\_\_\_ (month/year)

The undersigned hereby certifies that to the best of his/her knowledge and belief the information and statement contained on this form and any attachments are true and correct. The undersigned further represents that he/she is authorized by the Homeowners' Association's Board of Directors to provide this information on behalf of the Association.

\_\_\_\_\_  
 Homeowners' Association/Management Company Name Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Name Title

\_\_\_\_\_  
 First Guaranty Mortgage Corporation, Reviewed By Date