

A CERTIFICATION 2-4 unit / Detached Condo / Attached

Date: _____

Borrowers Last Name:
Street Address:
City / Zip:
HOA and Building Name:
HOA'S TIN / EIN NUMBER (Required):
Master Insurance Agent Name & Contact Info:
HOA's Management Co Name (if applicable):

CMG PS DEPT ver 3.1 4.16.19

PROJECT INFORMATION REQUIRED:
Year Project Completed:
Total # of Units in Project:
Total # of Phases in Project:
Subject Unit is located in phase #:
Number of units sold in entire project:
Current mo assessment for Subj: \$

PROJECT INFORMATION REQUIRED:
Number of Primary Residences:
Number of 2nd Home Properties:
Number of Investment Properties:
Number of Unsold Units:
Current number of units owned by the builder / developer:
Number of developer units vacant: _____ rented: _____

1. The project is a 2-4 unit Condo _____ Detached/Site Condo _____ Attached Pud _____	
2. Is the project a condo hotel or motel, houseboat project, or a timeshare or segmented ownership project	YES ____ / NO ____
3. Are all units or subject phase Fee Simple Condominium? (not co op or leasehold)	YES ____ / NO ____

HOA Representative to certify that the information on these pages are true and correct, to the best of their knowledge:

_____ / _____ / _____ / _____
 Print Name / Signature / Email / Phone Number