

661 Ravenglass Drive Fort Mill, SC 29715

(803) 317-2500

UNIFORM CONDOMINIUM/PUD QUESTIONNAIRE

Project Name:Address:	Date: City:	
GEN	ERAL INFORMATIO)N
1) - The legal name of this project	t is:	
It is a Condominium: or a Plan	nned Unit Development (PUD):	
provide the following:	ng created by the conversion of a	
Age of building: Yes	ar converted: Type of o	original use:
3) - The project is not a leg The project consists of	ally phased project units in legal phases	S.
4) - Describe the unit sales. For a below information.	fully constructed project that has be	een sold out, complete the
Unit Sales and Ty	pes	
Total number of units in project _ Total number of units conveyed to	Single-Family Detached o purchases Townhouse, Ro	
	Number of stories ice units conveyed Mid-rise	Number of stories
	its conveyed High-rise	Number of stories (6 or
Total number of investor -owned Total number of units retained by	units conveyed Other developer/converter	_
5) - Does any investor own more Yes No	than one unit	

If YES, identify the investor, (the same individual, investor group, partnership, or corporation) and indicates the total number of units owned by each such investor in the project
6) - Does any investor own more than 10% of the total units in the project? Yes No
7) - The recreational amenities (other than those in a master association) include: 1) Pool # 2) Clubhouse # 3) Tennis Court # 4) Playground # 5) Other
8) - Are all units and facilities complete? (This included all amenities and common areas such as pool, tennis courts, roads, walkways, parking areas, landscaping, clubhouse, and renovations associated with conversions) Yes No
If NO, please provide the following:units is Phases have been completed. Describe the incomplete items:
9) - Can the project be expanded beyond its current size? Yes No
10) - Is the Homeowner's Association currently a party in any type of litigation or public administrative action (including any violations of any environment or public health statutes and laws or current environmental or public health litigation or administrative action)? Yes No If YES, describe the nature of the litigation or public action and attach any information
11) - Has the Homeowner's Association been notified of any violation of any government or land-use regulations (such as zoning ordinances and coastal tideland or wetlands laws)? Yes No If YES, describe the nature of the violation and attach any information.
12) - How is title to the units held: Fee Simple: Leasehold: If Leasehold, please provide a copy of the lease.
 13) - Are there any leased recreational facilities or any common area leases? Yes No If YES, please provide a copy of the lease. 1) Uniform Condominium Information/Uniform Condominium Questionnaire 5/2002 2) Uniform Condominium Information/Uniform Condo Questionnaire 5/2002 2

14) - Does the unit owner own the lot or land below the unit or an undivided interest in common land?1) Own 2) Undivided interest
15) - Do the unit owners have sole ownership interest in and the right to the use of the project facilities Yes No If NO, please explain:
16) - Does the developer retain ownership interest in any of the facilities or common area? Yes No If YES, please explain:
17) - Do the project documents allow the units to be leased or rented for less than a 30-day period? Yes No
18) - Are there any other restrictions relating to the term of any lease or rental agreement? Yes No If YES, describe restrictions:
19) - Has voting control of the Board of Directors been turned over from the builder and/or developer? YES, control was turned over on (Month/Year). NO, the anticipated date for the transfer of control is (Month/Year).
20) - The Owners' Association fiscal year is from to (Month/Year).
21) - How many budget cycles have been controlled by the unit owners as a majority (as opposed to the developer)? 1) NONE 2) ONE 3) TWO 4) MORE THAN TWO
 22) - The unit assessment/common charges for all units are: 1) The same, the assessment is \$ per month. 2) Not the same, the assessments range from \$ to \$ per month.
23) - Do the unit assessments include any charges for unit utilities? Yes No If YES, please indicate which utilities:
24) - As of the start of the current fiscal year, how many are delinquent more than thirty (30) days in their unit assessment charges? # Total amount of outstanding delinquent charges is \$
25) - Are there any special assessments now approved, or have there been any in the past two years?

If YES, describe the nature / purpose, the total amount, and the per unit charge.
n 1 ES, describe the nature / burbose, the total amount, and the per unit charge.
1) Nature / Purpose of assessment:
2) Total amount of assessment: \$
3) Per unit charge: \$
3) Τοι unit charge. φ
26) - Indicate if the project is:
Self-Managed: or Managed by a management firm:
Sch-Managed of Managed by a management min
27) - If a management firm manages the project, is it related to the developer?
Yes No
If YES, describe the nature of the relationship
in TES, describe the nature of the relationship
Name: Company
Name: Company Name: Address:
Геlephone
20) If O
28) - If an Owners' Association employee manages the project, supply the following contact nformation:
ntormation:
Name Title:
Name Title:
Name Title:
NameTitle: Mailing Address:Telephone #:
NameTitle: Mailing Address:Telephone #: Certification:
NameTitle: Mailing Address:Telephone #: Certification: I, the undersigned, certify that to the best of my knowledge and belief, the information and
NameTitle: Mailing Address:Telephone #: Certification:
Mailing Address:Telephone #: Certification: I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on this form and the attachments are true and correct.
Mailing Address:Title: Certification: I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on this form and the attachments are true and correct. Signature of Association Representative or Preparer
Mailing Address:Telephone #: Certification: I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on this form and the attachments are true and correct.
Mailing Address:
Mailing Address: Telephone #: Certification: I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on this form and the attachments are true and correct. Signature of Association Representative or Preparer Date Telephone Number Name of Association Preparer and Title:
Mailing Address:

MORE INFORMATION

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Hope we can earn your trust and help you with all your mortgage and financial needs..... PLEASE CALL US (803) 317-2500.