

	Name of the project _____	YES	NO
1	Age of the cooperative corporation _____		
2	Number of units in the project _____		
3	Are more than 10% of the share owners delinquent more than one month for the payment of their financial obligations to the cooperation corporation?		
4	If there are any special assessments, are shareholders permitted to to pay monthly?		
5	Does the cooperative corporation receive income from sources other than maintenance fees greater than 25% of the corporation's total income?		
6	Does the cooperative corporation receive a subsidy, tax waiver or abatement, or similar benefits that will be reduced or expire within two years?		
7	Does the project have reserve funds of at least 10% of the annual budget?		
8	Does the project have and maintain full force insurance policies that meet minimum insurance requirements for restoration or replacement, and liability?		
9	Does the project have blanket fidelity insurance coverage?		
10	Is the project subject to resale transfer fees greater than 3%?		
11	Does the cooperative corporation own all project land and improvements?		
12	Does the cooperative corporation own all facilities related to the project (such as parking, recreational facilities, etc.)?		
13	Does any single entity own more than 10 percent of the stock or shares in the cooperative?		
14	Is there a blanket mortgage with an adjustable rate, or a remaining term of less than three years?		
15	Is the project subject to any limited or zero equity restriction?		
16	Has the underlying mortgage been more than 30 days delinquent during the past 12 months?		
17	Is the project delinquent on financial obligations?		
18	Is the project named as party to current litigation that would have material impact on the project that reserve funds or insurance coverage would not protect against?		
19	Does the project qualify as a 'cooperative housing corporation' under Section 216 of the Internal Revenue Code.		

To the best of my knowledge and belief, the information and statements regarding the subject cooperative project are true and correct.

Signature of Cooperative Board Member or Managing Agent

Date

Printed Name and Title

Public reporting burden for this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information request.

Privacy Act Notice: The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in the form by virtue of Title 12, United States Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.