

### EXHIBIT E - COPPERATIVE PROJECT QUESTIONNAIRE

Loan Number: \_\_\_\_\_ Applicant Name: \_\_\_\_\_  
 Unit Number: \_\_\_\_\_ Exposure: \_\_\_\_\_

Dear Co-op Board or Representative:

In order to offer a loan to your member, and also for future purchasers in your project, we ask for your assistance. Please help us by completing and returning this form at your earliest convenience. Any officer of your Board or management firm may respond. Completion of this form does not create any legal liability on the part of the preparer. This information is presented on behalf of the Co-op Board.

Legal name of Co-op Corporation: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Buildings: \_\_\_\_\_ Year Built/Converted: \_\_\_\_\_

Number of Floors: _____	Unit Size (sq.ft.): _____	Total Size (sq.ft.): _____
Owner Occupied: _____	Number of Units: _____	Shares: _____
Second Home: _____	Number of Units: _____	Shares: _____
Investor or Sublet: _____	Number of Units: _____	Shares: _____
Sponsor Owned: _____	Number of Units: _____	Shares: _____
Co-op Owned: _____	Number of Units: _____	Shares: _____
Unsold: _____	Number of Units: _____	Shares: _____
	Total: _____	Total: _____

Unit's monthly assessment: \_\_\_\_\_

# of Shareholders 30+ days delinquent on obligations to Co-op: \_\_\_\_\_ Amount: \_\_\_\_\_

#### Project Information

1. Is the project completed including any commercial space? Yes \_\_\_ No \_\_\_
  2. Is the project greater than 10 units? Yes \_\_\_ No \_\_\_
  3. Have 90% of units been conveyed to unit purchasers? Yes \_\_\_ No \_\_\_
  4. Does the Co-op qualify as a Residential Cooperative under IRS Rule 216? Yes \_\_\_ No \_\_\_
  5. Does the project have more than 1 address? Yes \_\_\_ No \_\_\_
  6. Is the project a conversion of an existing building? Conversion Date \_\_\_/\_\_\_/\_\_\_ Yes \_\_\_ No \_\_\_
  7. Does any entity own more than 2 units? Yes \_\_\_ No \_\_\_
  8. Does the project have commercial space? Yes \_\_\_ No \_\_\_
- Commercial percentage: \_\_\_\_\_ Describe commercial space? \_\_\_\_\_

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9. Does the project allow rentals less than 30 days or operation as a Co-op hotel? Yes \_\_\_ No \_\_\_
  10. Does zoning prohibit the Co-op from being reconstructed "as is" in the event of destruction? Yes \_\_\_ No \_\_\_

#### Legal

11. Who controls the Cooperative Board? Tenant-Shareholders \_\_\_ Sponsor \_\_\_ until when? \_\_\_/\_\_\_/\_\_\_
12. Does the Cooperative receive any tax/assessment abatements? Yes \_\_\_ No \_\_\_  
 If yes, type: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_
13. Is the Co-op project involved in any current or pending litigation? Yes \_\_\_ No \_\_\_  
 Description: \_\_\_\_\_  
 Please describe the potential liability \_\_\_\_\_
14. Are there Judgments or Mechanics Liens filed against the Co-op? Yes \_\_\_ No \_\_\_
15. Does zoning prohibit the Co-op from being reconstructed "as is" if destroyed? Yes \_\_\_ No \_\_\_
16. Are there any resale restrictions? Yes \_\_\_ No \_\_\_  
 If yes, please explain: \_\_\_\_\_
17. Do the restrictions survive foreclosure? Yes \_\_\_ No \_\_\_

## Loan Purchase Program Guide

18. Is there a ground lease? Yes \_\_\_ No \_\_\_
19. Is there a proprietary lease? Yes \_\_\_ No \_\_\_ If yes, please provide expiration date: \_\_\_\_\_
20. Are there any Loan to Value financing restrictions? Yes\* \_\_\_ No \_\_\_  
If yes, maximum unit financing- Loan to value (LTV): \_\_\_\_\_
21. Is there a Flip Tax or Stock Transfer Fee? Yes\* \_\_\_ No \_\_\_
22. If yes, what is the method of calculation or percent charged to the Seller: \_\_\_\_\_
23. Is a Lender exempt from the Flip Tax if the lender acquires a unit's shares? Yes\* \_\_\_ No \_\_\_
24. Date of last Attorney General Amendment filed \_\_\_\_\_ Amendment number \_\_\_\_\_
25. If the project is located in NY or NJ, are any of the units rent controlled or rent stabilized units? Yes \_\_\_ No \_\_\_  
How many units? \_\_\_ Who is the owner? \_\_\_\_\_

### Finance

26. Does the Co-op have loans outstanding? Yes \_\_\_ No \_\_\_  
Please describe terms: \_\_\_\_\_
27. Is the holder of unsold shares current with all Co-op financial obligations in the past 12 months? Yes\* \_\_\_ No \_\_\_
28. Are there any current special budget assessments? Yes \_\_\_ No \_\_\_  
Describe: \_\_\_\_\_
29. Does the Co-op Board maintain a separate reserve account for capital expenditures and maintenance?  
Yes \_\_\_ No \_\_\_ Current Balance \_\_\_\_\_
30. Does the Co-op Board maintain separate bank accounts for the working account and the reserve account each with appropriate access controls and in which funds are deposited sends copies of the monthly bank statements directly to the Co-op Board? Yes \_\_\_ No \_\_\_
31. If the project is managed by a management company, does the management company maintain separate records and bank accounts for each entity that uses its services, and the management company does not have the authority to draw checks on, or transfer funds from, the Co-op reserve account? Yes \_\_\_ No \_\_\_
32. Does the Co-op require two members of the Board of Directors to sign checks written on the reserve account? Yes \_\_\_ No \_\_\_

**Please provide us with a copy of the current year's operating budget and reserves for the Co-op and complete copy of the financial for the past 2 years.**

### Insurance

33. Does the Co-op carry Fannie Mae compliant Flood Insurance? Yes \_\_\_ No \_\_\_
34. Does the Co-op have Fidelity Bond Coverage? Yes \_\_\_ No \_\_\_
35. Does the Co-op have General Liability Insurance? Yes \_\_\_ No \_\_\_
36. Does the Co-op have guaranteed replacement coverage on the building? Yes \_\_\_ No \_\_\_
37. Is the deductible greater than 5%? Yes \_\_\_ No \_\_\_
38. Does the Association carry Umbrella/Excess liability? Yes \_\_\_ No \_\_\_

Name/ Address/ Telephone number of insurance agency covering this condominium: \_\_\_\_\_

**Please provide a copy of the insurance policy as an attachment.**

Project Management

The project is managed by: Professional Agent \_\_\_ Co-op \_\_\_ Developer /Sponsor \_\_\_

**I hereby certify that to the best of my knowledge the above is true and correct.**

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Please provide explanation or additional information**