



PROJECT INFORMATION FORM (draft 11/6/15)



Condominium, Co-op, PUD, and other Homeowner Organizations
Hawaii Association of REALTORS® Standard Form
Revised For Release

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Project name and address: _____

Tax Map Key: Div. _____/Zone _____/Sec. _____/Plat _____/Parcel _____/CPR _____ (if applicable).

Project is managed by a licensed real estate broker. [] Yes [] No Broker license number: _____
If a licensed real estate broker, is managing agent registered with the Real Estate Commission as a Condominium Managing Agent? [] Yes [] No

Name of Managing Agent: _____
Managed by this Managing Agent since: _____
Managing Agent provides (Check those services that apply):
[] Administrative Management Services
[] Fiscal Management Services
[] Physical Management Services
[] Other Management Services - _____
[] Project is self-managed since: _____
[] On site manager's name and phone number: _____

A. GENERAL & LEGAL

Total number of apartments: _____ Number of guest parking stalls available: _____
If applicable, what is the # of Condominium Apartments that have been sold and conveyed (excluding to the Developer)? _____
What is the approximate # of Condominium Apartments that are primary residences? _____
What is the approximate # of Condominium Apartments that are second homes? _____
What is the approximate # of Condominium Apartments that are investor properties? _____
Approximately how many foreclosures have been filed by the Board of Directors during the past twelve (12) months? _____
What is the approximate # of owners more than one month delinquent in maintenance fees _____
What is the approximate dollar amount of the delinquencies? _____

If answer is "yes", using the SAME number below, describe in the space provided.

- | Yes | No | NTMK (Not To My Knowledge) | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [] | [] | [] | (1) | Is the subject property a leasehold? If yes: |
| [] | [] | [] | (1a) | (a) Within the past year, has the Board of Directors had discussions with the Lessor regarding the purchase of the leased fee interest in the land? |
| [] | [] | [] | (1b) | (b) Does the Association own any fee interest in the Project? |
| [] | [] | [] | (1c) | (c) Has the Association taken a loan to acquire its fee interest? |
| [] | [] | [] | (1d) | (d) If so, are any owners assessed to repay the Association's loan? |
| [] | [] | [] | (1e) | (e) Are there any current or contemplated negotiations regarding the lease? |
| [] | [] | [] | (2) | Is Project subject to phasing or development of additional increments? |
| [] | [] | [] | (3) | Has the Owners Association or Corporation been in control of the operations of Project for less than two (2) years? |
| [] | [] | [] | (4) | Are there any lawsuits, arbitration or mediation actions affecting Project and/or Association other than delinquent owner maintenance fees?
Attorney for Association of Apartment Owners: _____ |
| NOTE: Any attorney fees or other costs incurred for further answering this inquiry shall not be at the expense of the Association of Apartment Owners, nor of the Managing Agent. | | | | |
| [] | [] | [] | (5) | If Project is a Condominium, does any single entity, individual or partnership own more than 10 percent of the common interest of Project? |
| [] | [] | [] | (5a) | (a) What is the largest amount of units owned by one entity? _____ |
| [] | [] | [] | (6) | Are any Association or Corporation approvals required for transfer of Ownership? |
| [] | [] | [] | (7) | Is a resident manager's apartment a part of the common elements, or is one owned by the Association or Corporation (does not apply to Planned Unit Developments)? |

BUYER'S INITIALS & DATE



Yes No NTMK

[] [] []

(8) Is a time share operation located at Project? Name of Operator: _____

[] [] []

(8a) (a) What is the estimated number of time share units? _____

[] [] []

(9) Is there a hotel operation or mandatory rental pool? Name of operator? _____

[] [] []

(10) Have any of the following items been discovered by the Association or Corporation at Project?
[] asbestos; [] formaldehyde; [] radon gas; [] lead-based paint; [] mold, mildew, fungus

[] [] []

(11) Are there commercial apartments, lots or commercial use of the common areas or common elements at Project?

[] [] []

(11a) (a) If Yes, what % of the total square footage in the Project is used for commercial space? _____%

[] [] []

(12) Is the project part of a master association?

[] [] []

(12a) (a) If yes, what is the name of the master association? _____

Number of Question answered "YES" and Explain: _____

B. INSURANCE

Name of Insurance Company: _____
Name of Insurance Agent: _____ Phone: _____

****If answer is "yes", using the SAME number below, describe in the space provided.****

Yes No NTMK Note: In case of Planned Unit Development, questions #10 to #14 apply to common areas only.

[] [] []

(13) Are any improvements located in a designated Flood Hazard Zone that require insurance?

[] [] []

(14) Is Project covered by Flood Insurance?

[] [] []

(15) Is Project located in a tsunami inundation area?

[] [] []

(16) Has there been any substantial damage to Project due to earthquake, fire, floods, winds, landslides, tsunami, or volcanic activity within the last five years?

Number of Question answered "YES" and Explain: _____

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C. FINANCIAL

What does the apartment maintenance fee include?

- | | |
|--------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Recreation/Community Association Dues |
| <input type="checkbox"/> Cable TV Signal | <input type="checkbox"/> Refuse Service |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Water |
| <input type="checkbox"/> Lease Rent | <input type="checkbox"/> Loan(s) _____ |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Photo Voltaic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Real Property Tax | |

Are there any other fees billed to the owners by the Association? Please describe (type and amount) _____

How frequently is a financial statement prepared? Monthly Quarterly Specify: Cash Basis Accrual Basis

****If answer is "yes", using the SAME number below, describe in the space provided.****

- | Yes | No | NTMK | | |
|--------------------------|--------------------------|--------------------------|-------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (17) | Has the Association or Corporation Board of Directors approved a maintenance fee increase, special assessment, or loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (18) | Are any special assessments or loans in effect at this time? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (18a) | (a) If yes, explain below the purpose, amount, and duration for the special assessment? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (19) | Are any assessments required to be paid in full at the time of conveyance of ownership? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (20) | Are there separate accounts for operating and reserve funds? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (20a) | What is the balance of the reserve account? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (20b) | Must 2 or more Board of Directors sign checks for the reserve account? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (21) | Who are monthly bank statements sent to? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (22) | Can the management company draw checks or transfer funds from the reserve account(s)? |

Number of Question answered "YES" and Explain: _____

D. PROJECT CONDITION

****If answer is "yes", using the SAME number below, describe in the space provided.****

Are there any major repairs required or planned within the next 12 months with respect to the following common elements/common areas of the Project?

- | | Yes | NTMK | | Yes | NTMK | |
|------|--------------------------|--------------------------|-----------------------------|------|--------------------------|--------------------------------------|
| (23) | <input type="checkbox"/> | <input type="checkbox"/> | Air Conditioning system | (37) | <input type="checkbox"/> | Roofing |
| (24) | <input type="checkbox"/> | <input type="checkbox"/> | Barbecue Facilities | (38) | <input type="checkbox"/> | Sauna |
| (25) | <input type="checkbox"/> | <input type="checkbox"/> | Drainage | (39) | <input type="checkbox"/> | Security Systems |
| (26) | <input type="checkbox"/> | <input type="checkbox"/> | Driveways/Parking Areas | (40) | <input type="checkbox"/> | Sewage Treatment Plant |
| (27) | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Systems | (41) | <input type="checkbox"/> | Slab(s) |
| (28) | <input type="checkbox"/> | <input type="checkbox"/> | Elevators | (42) | <input type="checkbox"/> | Spas |
| (29) | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Walls | (43) | <input type="checkbox"/> | Sprinkler System |
| (30) | <input type="checkbox"/> | <input type="checkbox"/> | Foundations | (44) | <input type="checkbox"/> | Swimming Pool |
| (31) | <input type="checkbox"/> | <input type="checkbox"/> | Lanai Decks/Railings | (45) | <input type="checkbox"/> | Tennis Courts |
| (32) | <input type="checkbox"/> | <input type="checkbox"/> | Paint | (46) | <input type="checkbox"/> | Trash Chutes |
| (33) | <input type="checkbox"/> | <input type="checkbox"/> | Photo Voltaic | (47) | <input type="checkbox"/> | Walkways |
| (34) | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing | (48) | <input type="checkbox"/> | Wall(s)/Fences (including sea walls) |
| (35) | <input type="checkbox"/> | <input type="checkbox"/> | Pool/Deck/Railings | (49) | <input type="checkbox"/> | Water Features |
| (36) | <input type="checkbox"/> | <input type="checkbox"/> | Rec./Fitness Room Equipment | (50) | <input type="checkbox"/> | Other _____ |

_____ BUYER'S INITIALS & DATE

Person completing this form:

Signature Date

Name: _____ Title: _____

Company: _____

Address: _____

Phones _____ Fax _____

E-Mail _____

NOTE: THERE IS NO WARRANTY ON PLAIN LANGUAGE. An effort has been made to put this agreement into plain language. But there is no promise that it is in plain language. In legal terms, THERE IS NO WARRANTY, EXPRESSED OR IMPLIED, THAT THIS AGREEMENT COMPLIES WITH CHAPTER 487A OF THE HAWAII REVISED STATUTES, AS AMENDED. This means that the Hawaii Association of REALTORS® is not liable to any Buyer, Seller, or other person who uses this form for any damages or penalty because of any violation of Chapter 487A. People are cautioned to see their own attorneys about Chapter 487A (and other laws that may apply).

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