



SONYMA MANUFACTURED HOME COMMUNITY QUESTIONNAIRE



Instructions: Facility Owner must complete all information below, provide documentation request and submit this information form to SONYMA's community partner agency.

I. CONTACT INFORMATION

Facility Legal Name: _____
Facility Owner Name: _____
Authorized Personnel Contact Name: _____
Contact Phone Number: _____
Contact Email Address: _____
Facility Address: _____
County: _____
Census Tract # of Facility: _____
(You can find the Census Tract # by visiting this website: Census Geocoder and finding the 6-digit Tract Code)

II. SITE INFORMATION:

Average pad size _____ sq. ft.
Does your park have any Zoning Variance? Yes [] No [] If yes, attach copy.
Does the Park maintain a blanket policy for flood insurance? Yes [] No []
Does the park have a third-party management company? [] Yes [] No

If yes, complete the following information regarding the management company.

Table with 4 rows: Management Company Name, Address, Contact Name, Phone Number and Email Address.

Does the park provide tax abatement or exemptions to its residents? Yes [] No []

If YES, what is the average value of the exemption per pad? \$ _____

Please indicate which of the following if any are included in monthly lot rent charges:

Table with 3 columns: Items included in Lot Rents charged, Yes/No, Average Amount. Rows include Water, Sewer, Utilities, Real Estate Taxes.

SONYMA - MANUFACTURED HOME PARK FACILITY QUESTIONNAIRE

(continued)

Other (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
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III. FACILITY OWNERSHIP

1. How many total pads are authorized in the park? _____
2. Of the authorized pads how many are currently vacant (no home on pad)? _____
3. Of the occupied pads , how many homes are owner occupied? _____
4. Of the occupied pads, how many are park owned and used as rentals? _____
5. Of the occupied pad how many vacant homes are there? _____

Average Vacancy Rate (including both vacant pads and vacant homes) for the past 12 months: _____ %

Are there any homeowners and/or renters that are more than one (1) month delinquent in the payment of lot rent? Yes No

If yes, complete the information requested below:

Site Ownership & Occupancy	Number (#) of Units	\$ Amount Past Due
Owners		\$
Renters		\$
TOTAL		\$

Submission Documents: Please attach the following documents as part of the questionnaire.

- Two Years of Income/Expenses Statements (i.e. tax returns, audited financial statements etc.)
- Professional Property Management Agreement, if applicable
- Master Blanket Policy Declarations Page, Fire, and Liability Insurance, including Flood, if applicable
- Sample Standard Community Lease

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.

I hereby authorize SONYMA to conduct a full background search on the MH Community detailed above. This search may include, but is not limited to consumer complaints and past business dealings. I understand that the information obtained may be used to determine the suitability of this community for participation in the MH Loan program.

Signature of Facility Owner or Authorized Employee: _____

Print Name & Title of Representative: _____

Company: _____ Date: _____

Phone (if different from above): _____ Email (if different from above): _____