

PRE RENEWAL CHECKLIST FOR SPONSOR GROUPS

To ensure that your mortgage renewal proceeds without problems due to insufficient information, may we require your co-operation in completing and returning this checklist. Please return a copy of this checklist to BCHMC as soon as possible. If we can be of assistance, please do not hesitate to email us at WRMortAdmin@bchousing.org.

If you have more than one subsidy account with CMHC, please complete this checklist for only the account identified on this checklist.

CMHC Reference:	18435115
BCHMC Reference:	13326/704
Name/Address of Sponsor	Capital Region Housing Corporation 631 Fisgard St Victoria,BC V8W 1R7 (CHANGE IF INCORRECT)
Contact Person/Telephone	Don Elliott, Senior Manager PH # 250-388-6422 FAX # 250-361-4970 (CHANGE IF INCORRECT)
Project Property Address	2860 QUADRA ST,Victoria,BC (CHANGE IF INCORRECT)
Mortgage Renewal Date	June 01, 2025

IMPORTANT: The sponsor shall indicate hereunder, by signature of its authorized representatives its agreement to the renewal/amendment of the mortgage through **CMHC Direct Lending**.

_____	_____	_____
Authorized Representative	Position	Date

_____	_____	_____
Authorized Representative	Position	Date

Please attach a completed and signed Mortgage Loan Renewal Authorization (form attached).

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Encumbrances

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|-------------------------------------|
| 1. Since your last renewal with CMHC, are you aware of any mortgage or encumbrance registered against the project's property legal description? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Is there any special arrangement relating to the financing that could affect the mortgage renewal in question? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you answered YES to 1 or 2 above, please attach a list of the property addresses and indicate for each address the approximate amount of mortgage(s) and the current lender name(s) or the nature of any encumbrances or special arrangements.

Survey

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|-------------------------------------|
| 3. Since your last renewal with CMHC, have any changes or additions been made to the property that would affect the validity of the current survey held by CMHC? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If YES please provide a copy of an updated Survey Certificate reflecting the changes and explain them. Costs associated with obtaining an updated survey are the responsibility of the sponsor group.

Escrow Funds

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|-------------------------------------|
| 4. Do you have funds held in a special account which are to be used only to reduce the outstanding principal balance of this mortgage at renewal? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If YES, please indicate below the amount and source of these funds plus the accrued interest. \$ _____ Source: _____

Taxes

- | | <u>Yes</u> | <u>No</u> |
|--|-------------------------------------|--------------------------|
| 5. How are your municipal taxes currently handled: | | |
| a) is your project tax-exempt? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) paid through monthly instalments to CMHC? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) paid directly to the municipality as due? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) are the municipal taxes paid up to date? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If NO please indicate: Amount in Arrears \$ _____</i> | | |
| <i>e) Please attach a copy of the most recent tax billing and proof of payment.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Insurance

- | | <u>Yes</u> | <u>No</u> |
|---|-------------------------------------|--------------------------|
| 6. Confirm insurance policies in effect | | |
| a) Fire Insurance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) For theft of chattels? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) All perils? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>d) Please attach copy of insurance policy showing total coverage, expiry date, CMHC as first loss payee and list of all insured property locations.</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Future Development

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|-------------------------------------|
| 7. Are there any plans to develop additional units on this land in the near future? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>If Yes, please indicate timing of future development: Year _____.</i> | | |

Renewal Term

8. What is the mortgage term you would prefer?
 5 year term _____ Other, please specify: 4 years and 8 months, to expiry of Operating Agreement

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Charter

9. Is your charter in good standing?

Yes **No**

If No, provide details and indicate whether difficulty can be resolved prior to renewal.

Title

10. Title to lands is registered in the name of:

Yes **No**

The Corporation of the City of Victoria`

11. Has your organization had a change of name?

If Yes, the new name is: _____

Please attach a copy of Certificate of Name Change.

Utilities

12. Are all of your utility accounts paid up to date?

Yes **No**

PAD

13. Are you registered for the Pre-Authorized Debiting System (PAD) for the direct withdrawal of your mortgage payment from your bank account?

Yes **No**

If NOT, do you wish to register for the Pre-Authorized Debit system? If yes, please email us at WRMortAdmin@bchousing.org..

14. Are you aware of any circumstance that could affect the renewal of your mortgage that are not covered in this checklist? If YES, please specify

Yes **No**
