Application for Hospital Project Mortgage Insurance

Hospital - Section 242

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB No. 2502-0518 (Exp. 3/31/2008)

Project Name:			Project Number:					
Part I — Mortgagor's Application								
To:				and	the Secretary	of Housing and Urb	an D	evelopment.
The undersigned hereby applies in provisions of Section 242 of the Na Insurance of advances during constitutions.	ational Hou	sing Act, said		\$		to be i	nsure	ed under the
B. Location and Description of P 1. Street Numbers:	горегту	2. Street:						
1. Street Numbers.		Z. Street.						
3. Municipality:	4. Cou	unty:		5. State:	6. No. of Beds:	7. Type of Project: Elevator One Story	8.	Proposed Existing
C. Estimated Replacement Costs		Í		-1	<u>'</u>			
1. Total Construction Cost Per Conf	tract(s)	\$	7. L	egal & Orga	nization			
2. Fees			<u>L</u>	Legal \$				
Architect's Fee—Design \$			C	rganization				
Architect's Fee—Supervisory			C	onsultant				
Construction Mgmt. Fee			T	otal Legal &	Organization		\$	
Other Fees			8. T	otal Estimat	ed Replacement	Cost (Excl. of Land)	\$	
Total Fees		\$				perty, Plant, & Equipme	nt \$	
3. Other			10.7	otal Estima	ted Replacemen	t Cost of Project	\$	
Site Demolition Costs \$				D. Estimated Cash Requirements				
Other (Identify)				otal Project F	\$			
Total Other		\$		2. Land Indebtedness				
4. Equipment and Furnishings Actu	ıal Cost	\$		3. Total				
5. Total for All Improvements and Equipment				4. Less Mortgage Amount (& Grant or Approved Loans, if an				
6. Carrying Charges and Financing				Cash Required 5. Cash Required				
Int. mos. @ %			6. Other (Identify)			\$		
on \$ \$, ,,			_	
Taxes	'			ther (Identify)			\$	
			0. 1	otai Estimat	ed Cash Require	ements	<u> </u>	
Insurance HUD Mtge. Ins. Prem. %								
HUD Exam. Fee 0.3 %								
HUD Inspec. Fee 0.5 %								
Financing Exp. %								
Placement Fee %								
AMPO %								
Title and Recording								
Total Carrying Charges and Finan	ncing	\$						
			For HUD Use Or	ly				
Date Received								
Amount								
Code								
Schedule								
Received by								

Ξ.	Sponsors	Name of Sponsor or Co-Sponsor:		Telephone Number:		
		Address:				
		Name of Sponsor or Co-Sponsor:		Telephone Number:		
		Address:				
		2. Relationship between Sponsoring Group and Mortgagor (Existing Connections of	or Proposed, if Mortgagor has no	t been formed).		
•	provisions of that to the best are prerequisite It is hereby listed herein are	The undersigned, as the principal sponsor(s) of the proposed mortgage regulations of the Secretary of Housing and Urban Development under of his/her (their) knowledge and belief the mortgagor has complied, or verto insurance of the mortgage under such Section. The represented by the undersigned that to the best of his/her (their) knowledge in any way false or incorrect and that they are truly descriptive of the proposed construction will not violate zoning ordinances or deed	er the above identified section will be able to comply, with e and belief no information of oject or property which is in	on of the National Housing Act and all of the requirements thereof which or data contained herein or attachments		
	Attest:	nate the proposed constituction will not violate zoning ordinances of dece	Date:	Date:		
	Signature: (Spon	sor)	Date:			
		ee's Application of Housing and Urban Development:				
	Pursuant to the application is h	provisions of the Section of the National Housing Act identified in the ereby made for the insurance of a mortgage covering property described if the proposed security, the undersigned proposed mortgagee considers the	n the above application of th	e Mortgagor. After examination of the		
), which will bear interest at	percent	(%),		
	will require repadvances durin	payment of principal over a period of months and, as g construction is, is not desired. In by the undersigned proposed Mortgagee is subject to your commitment,	ccording to an amortization	plan to be agreed upon. Insurance of		
		ng expense in the amount of	its own final action and the	Dollars		
	(\$) is subject to adjustment so that the total will not e	exceed	percent(%)		
		scement fee for the mortgage is%.				
	Herewith is che			Dollars		
	(\$), which is in payment of the application fee req	uired by said HUD Regulat	ions.		
	Signature: (Propo	sed Mortgagee) Name & T	Fitle of Officer:			
	Χ					
	Address:					
	Original Co	ertificate of Need Attached Original Certificate of Ne	eed Previously Furnished			
Pub ng	olic reporting but existing data so	by Each Sponsor and by the General Contractor rden for this collection of information is estimated to average 64 hours performed and maintaining the data needed, and completing and round to provide HUD with the necessary data to determine a hospital's eligibility.	eviewing the collection of inf	formation. Applicants are required to		

that the applicant meets the requirements and eligibility criteria; underwriting standards; and adequacy of state/or local certifications, approval, or waivers. This collection of information is authorized by Section 242, Sections 223(a)(7), 223(e), 223(f), and 241(a) of 12 U.S.C. 1715z-7. This collection is required to obtain benefits.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this 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 request. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.