## **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. 7/31/2011)

Project Name:					Project Number:								
Part I — Mortgagor's Application	n												
To:						and	the Secretary	of F	lousing and Url	an Dev	elopment.		
The undersigned hereby applies	for a loan	in the	principa	al amour	nt of \$				to be i				
provisions of Section 242 of the I							rst mortgage o	n th					
Insurance of advances during co	nstruction	□is,	is n	ot desire	d.	•							
B. Location and Description of	Droperty												
1. Street Numbers:	riopeity	2. Str	root:										
1. Street Numbers.		2. 30	eet.										
3. Municipality:	4. C	County:				5. State:	6. No. of Beds:	7.	Type of Project:	8.			
T. County.									Elevator	□Р	Proposed		
									One Story		xisting		
C. Estimated Replacement Cos	to.										Aloung		
1 Total Construction Cost Per Co		1	\$		7 1								
2. Fees	miraci(s)		φ			jal & Orgai		Φ.					
1	Ф.				Leg			\$					
	\$					anization							
Architect's Fee—Supervisory						nsultant							
Construction Mgmt. Fee							Organization			\$			
Other Fees							ed Replacemen			\$			
Total Fees			\$						y, Plant, & Equipme				
3. Other							ted Replacemer	nt Co	ost of Project	\$			
	\$	_					Requirements			<b> </b> \$			
Other (Identify)					Total Project Replacement Cost (Excl. of Land)								
Total Other			\$		2. Land Indebtedness								
4. Equipment and Furnishings Actual Cost			\$		3. Total					\$			
5. Total for All Improvements and Equipment			\$		4. Less Mortgage Amount (& Grant or Approved Loans, if an					ny)			
6. Carrying Charges and Financing					5. Cash Required					\$			
Int. mos. @ %					6. Other (Identify)								
on \$	\$				7. Oth	er (Identify)							
Taxes					8. Tot	al Estimate	ed Cash Requir	eme	ents	\$			
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 Fin	nancing		\$										
			-	For HUD U	Isa Only	,							
Date Received			<u>'</u>	J. 1.0D	Joe Only								
Amount													
Code													
Schedule													
Received by													
. 1000.100 by													

E.	Sponsors	1. Name of Sponsor or Co-Sponsor:	I	Telephone Number:					
		Address:							
		Name of Sponsor or Co-Sponsor:		Telephone Number:					
		Address:		<u> </u>					
		t been formed).							
F.	provisions of that to the best are prerequisit  It is hereby listed herein an	The undersigned, as the principal sponsor(s) of the proposed mortgage, certify(ies) that he regulations of the Secretary of Housing and Urban Development under the above identi of his/her (their) knowledge and belief the mortgagor has complied, or will be able to come to insurance of the mortgage under such Section.  represented by the undersigned that to the best of his/her (their) knowledge and belief no infect in any way false or incorrect and that they are truly descriptive of the project or property we that the proposed construction will not violate zoning ordinances or deed restrictions.	fied section in the section of the s	n of the National Housing Act and all of the requirements thereof which data contained herein or attachments					
	Attest:		Date:						
	Signature: (Spor	nsor)	Date:						
	application is lapplication and principal amount (\$	), which will bear interest at	ation of the sirable and  _ percent ( cortization)	Mortgagor. After examination of the is interested in making the loan in the Dollars ————%), plan to be agreed upon. Insurance of					
	Discount or pl Herewith is ch (\$	acement fee for the mortgage is%.  eck for), which is in payment of the application fee required by said HUI	D Regulati	Dollars					
	Signature: (Prop	osed Mortgagee)  Name & Title of Officer:							
	Address:	,							
	Original C	ertificate of Need Attached Original Certificate of Need Previously Fu	urnished						
Pul ing cor tha Thi	blic reporting but existing data so existing data so mplete this form the applicant roughly s collection of in	by Each Sponsor and by the General Contractor rden for this collection of information is estimated to average 64 hours per response, includir burces, gathering and maintaining the data needed, and completing and reviewing the collect to provide HUD with the necessary data to determine a hospital's eligibility for FHA insurance neets the requirements and eligibility criteria; underwriting standards; and adequacy of state/ offormation is authorized by Section 242, Sections 223(a)(7), 223(e), of 12 U.S.C. 1715z-7. This collection is required to obtain benefits.	tion of infor e. HUD wi	matio n. Applicants are required to II us e the information to determine					

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.