## Certificate of Relationships and Nonprofit Motives

(See Note at bottom of page)

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner OMB Approval No. 2502-0057 (exp. 12/31/2006)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

Privacy Act Statement. The Department of Housing & Urban Development (HUD) is authorized to collect all the information on this form by the U.S. Housing Act of 1937, as amended, and by the Housing & Community Development Act of 1987, 42 U.S.C 3543 which authorizes HUD to collect Social Security Numbers (SSN). The information you provide will be reviewed to ensure that the motives of the nonprofit sponsor and the mortgagor have not changed since the application stage and that no relationships exists which violate the intent of outstanding regulations. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN or EIN. Failure to provide the information may result in your disapproval of participation in this HUD program and/or delay action on your proposal.

TO: U.S. Department of Housing and Urban Development			Project N	Project Number	
c/o					
			Project N	Project Name	
In accordance with the terms of the commitment issued to endorse the note for insurance, the undersigned here				an on the above named project, and in order to induce you	
Name of mortgagor corporation or association	Date charter receiv			Authorizing statute	
The officers and directors are (Name and Title)		Social Security Numb Employer Identification		Address	
	Number				
We have reviewed the information supplied to you and certify that there have been no changes in that			set forth i	, and the exhibits accompanying that form n the exhibit attached hereto and made a part thereof.	
	reed that if there	are any ch	anges in	nformation contained in the exhibit attached to this the information contained in this certificate prior to the date the change occurred.	
Name, title, signature & date for mortgagor corporation or association			Name, title, signature & date for sponsor		