

Application for Project Mortgage Insurance
 Nursing Homes, Intermediate Care Facilities,
 and Board and Care Homes

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

OMB No. 2502-xxxx
 (Exp. xx/xx/xxxx)

| | |
|--------------|----------------|
| Project Name | Project Number |
|--------------|----------------|

To: _____ and the Secretary of Housing and Urban Development. The undersigned hereby requests a loan in the principal amount of \$ _____ to be insured under the provisions of Section _____ of the National Housing Act, said loan to be secured by a first mortgage on the property hereinafter described. Insurance of advances during construction is, is not desired. Type of Financing: Conventional GNMA Tax-Exempt Bond Taxable Bond Other Type of Mortgagor: PM NP

A. Location and Description of Property

| | | | | | | | | | | | | |
|--|--|---------------------|-----------------|-------------------------|--|--|--|--|---|--|--|--|
| 1. Street Number | | | 2. Municipality | | | 3. County | | | 4. State | | | |
| 5. Type of Project <input type="checkbox"/> Elevator <input type="checkbox"/> 1-Story | | 6. Gross Floor Area | | 7. No., Bldg./Fls. | | 8. Number of Beds NH ICF BC | | | 9. Avg. Basic Monthly Charges per Bed \$ | | 10. Avg. Other Monthly Charges per Bed \$ | |
| 11. Type of Construction <input type="checkbox"/> Proposed <input type="checkbox"/> Rehabilitation | | 12. Year Built | | 13. Accessory Buildings | | | | | | | | |

Site Information

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 14. Dimensions ft. by ft., or sq. ft. | | | | 15. Zoning (If recently changed, submit evidence) | | | |
|--|--|--|--|---|--|--|--|

Building Information

| | | | | | | | | | | | |
|---|--|--|--|---------------------|--|--|--|------------------------|--|--|--|
| 16. Structural System ft. by ft., or sq. ft. | | | | 17. Exterior Finish | | | | 18. Heating A/C System | | | |
|---|--|--|--|---------------------|--|--|--|------------------------|--|--|--|

B. Information Concerning Land or Property

| | | | | | | | | | | | |
|-------------------|--|--------------------------|--|--|--|---|--|----------------------|--|---|--|
| 19. Date Acquired | | 20. Purchase Price \$ | | 21. Additional Costs Paid or Accrued \$ | | 22. If Leasehold Annual Ground Rent \$ | | 23. Total Cost \$ | | 24. Relationship-Business, Personal or Other Between Seller and Sponsor | |
|-------------------|--|--------------------------|--|--|--|---|--|----------------------|--|---|--|

| | | | | | | | | | | | | | | | |
|---------------|--|--------------------------|--|--------------------------|--|--|--|---|--|--|--|--------------------------------------|--|-------------------------------|--|
| 25. Utilities | | Public | | Community | | 26. Unusual Site Features | | | | | | | | | |
| Water | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> Cuts | | <input type="checkbox"/> Fills | | <input type="checkbox"/> Rock Formations | | <input type="checkbox"/> Erosion | | <input type="checkbox"/> None | |
| Sewers | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> Poor Drainage | | <input type="checkbox"/> High Water Table | | <input type="checkbox"/> Retaining Walls | | <input type="checkbox"/> Other _____ | | | |

26a. Special Assessments: (a) Prepayable Non-Prepayable; (b) Principal Balance \$ _____ ; (c) Annual Payment \$ _____ ; (d) Remaining Term _____ Yrs.

C. Estimate of Income

| 27. Type of Room or Unit | Number of Beds | | | Estimated Rate (Monthly) | | | Estimated Monthly Income at 100% Occupancy | Total |
|-----------------------------|----------------|-----|--------------|--------------------------|-----|--------------|--|-------|
| | Nursing | ICF | Board & Care | Nursing | ICF | Board & Care | | |
| Private | | | | \$ | \$ | \$ | \$ | |
| Semi-Private | | | | \$ | \$ | \$ | \$ | |
| Three-Bed | | | | \$ | \$ | \$ | \$ | |
| Four-Bed | | | | \$ | \$ | \$ | \$ | |
| Units | | | | \$ | \$ | \$ | \$ | |
| Total Monthly Income | | | | | | | \$ | |

| | | | | | | | | |
|---------------------------|--|--|--|--|--|--|----|--|
| 28. Other Income (List) | | | | | | | \$ | |
| | | | | | | | \$ | |
| Total Other Income | | | | | | | \$ | |

29. **Total Monthly Income—All Sources** \$ _____

30. **Total Estimated Annual Gross Project Income at 100% Occupancy (Line 29 x 12 Months)** \$ _____

31. Non-Revenue Producing Space

| Type of Employee | No. Rooms | Composition of Unit | Location of Unit in Project |
|------------------|-----------|---------------------|-----------------------------|
| | | | |
| | | | |

D. Payroll (Salaries)

| Position | Number | Monthly Rate | Total Annual | Position | Number | Monthly Rate | Total Annual |
|-------------------------------------|--------|--------------|--------------|-------------------------------|--------|--------------|--------------|
| 32. Administrative | | \$ | \$ | 35. Housekeeping | | \$ | \$ |
| | | \$ | \$ | | | \$ | \$ |
| | | \$ | \$ | | | \$ | \$ |
| Total Administrative | | | \$ | Total Housekeeping | | | \$ |
| 33. Bldg. & Grounds | | \$ | \$ | 36. Nursing Service | | \$ | \$ |
| | | \$ | \$ | | | \$ | \$ |
| | | \$ | \$ | | | \$ | \$ |
| | | \$ | \$ | | | \$ | \$ |
| Total Building & Grounds | | | \$ | Total Nursing Services | | | \$ |
| 34. Dietary | | \$ | \$ | 37. Other Salaries | | \$ | \$ |
| | | \$ | \$ | | | \$ | \$ |
| | | \$ | \$ | | | \$ | \$ |
| Total Dietary | | | \$ | Total Other Salaries | | | \$ |
| 38. Estimated Annual Salaries | | | | | | | \$ |

E. Estimated Annual Operating Expenses

| Administrative | | Other Expenses | |
|---|----------|---|----------|
| 1. Telephone and Telegraph | \$ _____ | 33. Program and Activities | \$ _____ |
| 2. Advertising | _____ | 34. Library | _____ |
| 3. Insurance and Liability | _____ | 35. Automobile Expense | _____ |
| 4. License or Permit | _____ | 36. Total Other Expenses | \$ _____ |
| 5. Legal and Audit | _____ | 37. Total Salaries (Line D-38) | _____ |
| 6. Miscellaneous | _____ | 38. Repl., Reserve (Realty) (0.0060 x Line G-8) | _____ |
| 7. Office Expense | _____ | 39. Expenses (Less Taxes) | \$ _____ |
| 8. Total Administrative | \$ _____ | Taxes | |
| Building and Grounds | | 40. Real Estate; Est., Assessed Val. | |
| 9. Decorating, Interior & Exterior | \$ _____ | \$ _____ @ \$ _____ per \$1000 | \$ _____ |
| 10. Heating | _____ | 41. Personal Prop.; Est., Assessed Val. | |
| 11. Electricity | _____ | \$ _____ @ \$ _____ per \$1000 | \$ _____ |
| 12. Water | _____ | 42. Employee Payroll Tax | \$ _____ |
| 13. Gas | _____ | 43. Employee Social Security | _____ |
| 14. Garbage Removal | _____ | 44. Other | _____ |
| 15. Insurance | _____ | 45. Total Taxes | \$ _____ |
| 16. Supplies | _____ | 46. Repl., Res., (Non-Realty) (0.10 x Line G-36) | _____ |
| 17. Maintenance & Repairs (Bldg. & Realty Items) | _____ | 47. Total Estimated Annual Operating Expenses (Lines 39 + 45 + 46) | \$ _____ |
| 18. Grounds Expense | _____ | F. Estimate of Net Returns | |
| 19. Miscellaneous | _____ | 1. Annual Gross Earnings Expectancy (From C-30) | \$ _____ |
| 20. Exterminating | _____ | 2. Predicted Occupancy Ratio _____% | |
| 21. Total Building and Grounds | \$ _____ | 3. Effective Annual Gross Income (Line F-1 x F-2) | \$ _____ |
| Dietary | | 4. Est., Total Annual Operating Expense (From E-47) | \$ _____ |
| 22. Supplies | \$ _____ | 5. Net Return Available for Proprietary Earnings Realty and Non-Realty (Line F-3 minus Line F-4) | \$ _____ |
| 23. Food Cost | _____ | 6. Estimated Net Earnings Attributable to Realty and Non-Realty | \$ _____ |
| 24. Total Dietary | \$ _____ | 7. Estimated Residual Proprietary Earnings (Line F-5 minus Line F-6) | \$ _____ |
| Housekeeping | | G. Estimated Replacement Cost | |
| 25. Supplies | \$ _____ | 1. Unusual Land Improvements | \$ _____ |
| 26. Laundry | _____ | 2. Other Land Improvements | \$ _____ |
| 27. Other | _____ | 3. Total Land Improvements | \$ _____ |
| 28. Total Housekeeping | \$ _____ | 4. Structures —Gross Floor Area _____ sq. ft. | |
| Nursing Service | | 5. Main Building | \$ _____ |
| 29. Supplies | \$ _____ | 6. Other | \$ _____ |
| 30. Drugs | _____ | 7. | \$ _____ |
| 31. Professional Fees | _____ | 8. Total Structures | \$ _____ |
| 32. Total Nursing Service | \$ _____ | 9. General Requirements | \$ _____ |

| G. Estimated Replacement Cost (continued) | Legal, Organization, and Audit Fee |
|---|--|
| Fees | |
| 10. Builder's General Overhead @ _____ % \$ _____ | 31. Legal \$ _____ |
| 11. Builder's Profit @ _____ % \$ _____ | 32. Organization \$ _____ |
| 12. Architect Fee—Design @ _____ % \$ _____ | 33. Cost Certification Audit Fee \$ _____ |
| 13. Architect Fee—Supervising @ _____ % \$ _____ | 34. Total Legal, Organization, and Audit \$ _____ |
| 14. Bond Premium \$ _____ | 35. Consultant Fee (NP only) \$ _____ |
| 15. Other Fees \$ _____ | 36. Major Movable Equipment (Non-Realty) \$ _____ |
| 16. Total Fees \$ _____ | 37. Total Est., Development Cost (Excluding Land or Off-Site Cost) (17 + 30 + 34 + 35 + 36) \$ _____ |
| 17. Total For All Improvements (3 + 8 + 9 + 16) \$ _____ | 38. Land (Estimated Market Price of Site) _____ sq. ft. @ \$ _____ per sq. ft. \$ _____ |
| 18. Cost per Gross Square Foot \$ _____ | 39. Total Estimated Replacement Cost of Project (Add Lines 37 and 38) \$ _____ |
| 19. Estimated Construction Time _____ months | |

| Carrying Charges and Financing | H. Total Requirements for Settlement |
|---|---|
| 20. Interest _____ Months @ _____ % on \$ _____ \$ _____ | 1. Development Cost (Line G-37) \$ _____ |
| 21. Taxes \$ _____ | 2. Land Indebtedness (or cash required for land acquisition) \$ _____ |
| 22. Insurance \$ _____ | 3. Subtotal (Line 1 + Line 2) \$ _____ |
| 23. FHA Mtg., Ins., Premium(0.5%) _____ | 4. Mortgage Amount \$ _____ |
| 24. FHA Exam., Fee (0.3%) _____ | 5. Fees Paid by Other than Cash \$ _____ |
| 25. FHA Inspection Fee (0.5%) _____ | 6. Line 4 plus Line 5 \$ _____ |
| 26. Financing Fee (_____ %) _____ | 7. Line 3 minus Line 6 \$ _____ |
| 27. AMPO (NP only) (_____ %) _____ | 8. Initial Operating Deficit \$ _____ |
| 28. GNMA Fee (_____ %) _____ | 9. Anticipated Discount \$ _____ |
| 29. Title and Recording \$ _____ | 10. Working Capital \$ _____ |
| 30. Total Carrying Charges and Financing \$ _____ | 11. Off-Site Construction Costs \$ _____ |
| | 12. Non-Mortgagable Equipment and Furnishings \$ _____ |
| | 13. Total Estimated Cash Requirement (Total of Lines 7, 8, 9, 10, 11 and 12) \$ _____ |

| Source of Cash to Meet Requirements | Amount |
|--|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total (Submit Attachment if Additional Space is Needed) | \$ _____ |

| I. Names, Addresses and Telephone Numbers of the Following | |
|--|------------------|
| Sponsor Name | Telephone Number |
| Address and Zip Code | |
| Sponsor Name | Telephone Number |
| Address and Zip Code | |
| Sponsor Name | Telephone Number |
| Address and Zip Code | |
| Contractor Name | Telephone Number |
| Address and Zip Code | |
| Sponsor's Attorney Name | Telephone Number |
| Address and Zip Code | |
| Architect Name | Telephone Number |
| Address and Zip Code | |

J. Certification

The undersigned as the principal sponsor of the proposed mortgagor, certifies that he/she is familiar with the provisions of the Regulations of the Secretary of Housing and Urban Development under the above identified Section of the National Housing Act and that, to the best of his/her knowledge and belief, the mortgagor has complied, or will be able to comply, with all of the requirements thereof which are prerequisite to insurance of the mortgage under such Section.

The undersigned further certifies that to the best of his/her knowledge and belief no information or data contained herein on the exhibits or attachments listed herein, are in any way false or incorrect and that they are truly descriptive of the project or property which is intended as security for the proposed mortgage and that the proposed construction will not violate zoning ordinances or restrictions of record.

The undersigned agrees with the Department of Housing and Urban Development that pursuant to the requirements of the HUD Regulations, (a) neither he/she nor anyone authorized to act for him/her will decline to sell, rent, or otherwise make available any of the property or housing in the multifamily project to a prospective purchaser or tenant because of his/her race, color, religion, sex, or national origin; (b) he/she will comply with Federal, State, and local laws and ordinances prohibiting discrimination; and (c) his/her failure or refusal to comply with the requirements of either (a) or (b) shall be a proper basis for the Commissioner to reject requests for future business with which the sponsor is identified or to take any other corrective action he/she may deem necessary.

| | |
|---|-------------------|
| Signature (Sponsor, Authorized to sign) | Date (mm/dd/yyyy) |
|---|-------------------|

Request for Commitment: Conditional Firm

To: Secretary of Housing and Urban Development

Pursuant to the provisions of the Section of the National Housing Act identified in the foregoing application and HUD Regulations applicable thereto, request is hereby made for the issuance of a commitment to insure a mortgage covering the property described above. After examination of the application and the proposed security, the undersigned considers the project to be desirable and is interested in making an investment in the principal amount of \$ _____ which will bear interest at _____%, will require repayment of principal over a period of _____ months according to amortization plan to be agreed upon.

Insurance of advances during construction is, is not desired.

It is understood that the financing expense, in the amount of \$ _____ is subject to adjustment so that the total will not exceed _____% of the amount of your commitment.

Herewith is check for \$ _____, which is in payment of the application fee required by HUD Regulations.

| | |
|--------------------------------|----------------------|
| Signature (Proposed Mortgagee) | Address of Mortgagee |
|--------------------------------|----------------------|

Public reporting burden for this collection of information is estimated to average 64 hours 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. The collection of this information is authorized by Section 207(b) of the National Housing Act (Public Law 479, 48 Stat. 1246, 12 U.S.C. 1701 et. seq.), authorizes the Secretary of HUD to insure mortgages. The Department will use this information to determine the initial feasibility and acceptability for a proposed residential care facility to obtain FHA mortgage insurance. This information is required to obtain benefits. It will be used by the Department to eliminate potential project defaults. The agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

HUD Field Office personnel will provide advice and assistance to sponsors and potential sponsors at all stages in connection with the submission of applications.

A request for SAMA letter may be submitted directly to the HUD Field Office by letter or in person. At the SAMA stage, the form HUD-92013-NH-ICF is completed as follows:

- Page 1—Introduction, Sections A, B and C
- Page 2—Section G, Line 38
- Page 3—Section I, to the extent known; and Section J.

A request for feasibility analysis (rehabilitation) or Conditional Commitment or Firm Commitment must be submitted with this form completed in its entirety.

The exhibits that must be submitted for each stage of processing are listed at the end of these instructions. The exhibits to be submitted for feasibility analysis (rehabilitation) are those required for SAMA plus items numbered 10 and 11. If a stage of processing is omitted, the exhibits for that stage are submitted with those required for the subsequent stage or stages. Information for all stages must be submitted in triplicate. No application will be considered unless it is complete and is accompanied by the requested exhibits (24 C.F.R. 207.1).

Privacy Act Statement. The United States Department of Housing and Urban Development (HUD), 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 assurances of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Request.

Section A—Self-explanatory.

Line 8—The letters NH refer to Nursing Homes, the letters ICF refer to Intermediate Care Facilities, and the letters BC refer to Board and Care Homes.

Section B

Line 21—Insert any cost paid or contracted, in addition to the stipulated purchase price. If the site will require demolition expense, or other preparatory expense, this should be indicated and explained on an attached sheet. If the proposed site is leased, indicate the annual dollar amount of the ground rental. All other items in this section are self-explanatory.

Instructions

Foreword: HUD procedures divide the process of filing an application for project mortgage insurance into a maximum of three stages, the first being a request for a Site Appraisal and Market Analysis (SAMA) letter or a feasibility analysis if a Rehabilitation project. The second stage is a request through an approved mortgagee for a Conditional Commitment, and the third, a formal application through an approved mortgagee for a Firm Commitment.

A sponsor may combine two or three stages provided he/she has plans and exhibits in sufficient detail. The Firm Commitment stage is always required.

Section C

Line 27—Insert the estimated rates to be charged on a monthly basis per bed for the accommodation and service rendered.

Line 28—Income for special services and facilities provided occupants at additional charge above base rates when the cost of such service is included in the operating expense estimate. Commercial income, if any, should be recorded here.

Section D

Items 32 through 37—Furnish the total number of employees and the monthly rates for each of the six categories.

Line 38—Show the total dollar annual payroll.

Section E—The estimate of project expenses shall be based on actual operating experience with comparable projects.

Line 45—Total annual tax to cover all items in Tax Section should be shown on this line.

Line 47—Sum of the total annual operating expense (Line 39 + Line 45 + Line 46).

Section F

Line 2—Occupancy percentage is estimated from market experience if available; otherwise the sponsor's best estimate.

Line 6—Represents the cash return to owner of the real estate as determined from available realty and nonrealty data.

Section G

Line 1—Enter cost for unusual site preparation such as pilings, retaining walls, fill, etc.

Line 2—Enter cost of other land improvements such as on-site utilities, landscape work, walks and drives.

Line 9—See Uniform System for construction Specifications, Data Filing and Cost Accounting, pages 1.3 and 1.4

Line 18—Enter the total average estimated cost per gross square foot of building area (Line H-17 divided by Line 4).

Carrying Charges and Financing

Line 20—Interest is the amount estimated to accrue during the anticipated period of construction. It is computed on one-half of the loan amount based on either replacement cost or value.

Line 21—Taxes which accrue during construction period are estimated on a pro rata basis for the construction period. Special assessments, if any, should be estimated on a similar basis and included in the tax amount.

Line 22—Insurance includes fire, windstorm, extended coverage, liability, and other risks customarily insured against in the community. It does not include worker's compensation and public liability insurance, which are included in the cost estimate.

Line 23—FHA mortgage insurance premium is the amount to be earned during the estimated construction period. The amount should be computed on the requested loan amount on a yearly basis. An additional 0.5 percent is charged for any additional fractional period in excess of each whole year.

Line 24—FHA examination fee is computed on the requested loan amount.

Line 25—FHA inspection fee is computed on the requested loan amount when the project involves new construction, and on the estimated cost of rehabilitation when the project involves the rehabilitation of an existing structure.

Line 26—Financing fee is computed at 2% on the loan amount. It is an initial service charge. This financing fee is not to be confused with discounts.

Line 27—(AMPO) is an allowance to make the project operational, computed at 2% of the maximum insurable mortgage amount. It is allowable only in cases involving non-profit mortgagors.

Line 28—**FNMA fee**—Enter 1 1/2% of the mortgage amount.

Line 29—**Title and Recording Expenses**—This is the cost typically incurred by a mortgagor in connection with a mortgage transaction. This cost generally includes such items as recording fees, mortgage and stamp taxes, cost of survey, and title insurance including all title work involved between initial and final endorsement.

Lines 31, 32 and 33—**Legal, Organizational and Cost Certification Fee**—Estimate will be based upon typical cost usually incurred for these services in the area where the project is located. These items should be recorded separately.

Line 35—**Consultant Fee**—If any, enter amount to be charged the non-profit sponsor by qualified consultant.

Line 36—This line will contain an amount included in the cost for non-realty items in the category of major movable equipment. Public Health Service publication entitled "Construction and Equipment for Hospitals and Medical Facilities," number (HRA) 74-4000 (as revised) shall be used to determine the items to include.

Line 38—**Land**—Enter purchase price if purchased from local public authority; otherwise sponsor's estimate of value in finished condition (including off-sites, cuts, fills, drainage, etc.).

Section H—Total Requirements for Settlement

Lines 1, 3, 6, 7 and 12—Self-explanatory.

Line 2—Amount required to clear title to site, if land is to be acquired, enter the unpaid balance of the purchase price. If leasehold or if land is owned free and clear, enter word "None."

Line 4—Enter principal amount of mortgage requested. (Non-profit sponsors receiving grants add committed amount of grant to the principal mortgage requested.)

Line 5—Enter any portion of the Builder's Profit (Line 11) or Architect's Fee—Design (Line 12) to be paid by means other than cash or waived.

Line 8—Enter the amount required to meet operating expense and debt service expense from project completion, until the income provides a self-sustaining operation.

Line 9—Enter discount charged for placement of permanent and construction mortgage.

Line 10—Enter 2% of mortgage amount plus any necessary amount to cover ground rent or special assessments during construction (profit-motivated sponsors only).

Line 11—Sponsor's cost of improvements outside property lines such as streets and utilities.

Line 12—The initial cost of minor expendable non-realty items such as china, silver, utensils, linens, not included in the mortgage.

Source of Cash to Meet Requirements—Enter the Name of each sponsor and his/her dollar investment.

Section I—Self-explanatory.

Section J—Self-explanatory.

K. Required Exhibits: Mortgage Insurance for Nursing Homes, Immediate Care Facilities, and Board and Care Homes

| Item Number | Exhibit Title | SAMA or Feasibility | Conditional Commitment | Firm Commitment |
|-------------|--|---------------------|------------------------|-----------------|
| 1 | Location Map | X | | |
| 2 | Legal Description of the Property | X | | |
| 3 | Evidence of Permissive Zoning | X | | |
| 4 | Sketch Plan of the Site | X | | |
| 5 | Evidence of Site Control (Option or Purchase) | X | | |
| 6 | Evidence of Last Arms-Length Transaction and Price, including a certification by sponsor that evidence submitted in response to this item reflects last-arms length purchase price | X | | |
| 7 | Form HUD-92010 – Equal Employment Opportunity Certification | X | | |
| 8 | Form HUD-3433 – Eligibility as Nonprofit Corporation | X | | |
| 9 | Form HUD-2530 – Previous Participation Certificate | X | | |
| 10 | Form HUD-2576-HF – Certificate of Need for Health Facility and Assurance of Enforcement of State Standards or alternate market study in non-CON States | X | | |
| 11 | Grant and/or Loan Commitment Letter (if applicable) | | X | |
| 12 | Form HUD-92417 – Personal Financial Statement for Each Sponsor and General Contractor | | X | X |
| 13 | Personal and Commercial Credit Report for Each Sponsor and General Contractor | | X | X |
| 14 | Owner/Architect Agreement | | X | |
| 15 | Architectural Exhibits – Preliminary | | X | |
| 16 | Architectural Exhibits – Final | | | X |
| 17 | Form HUD-2328 – Contractor's and/or Mortgagor's Cost Breakdown | | | X |
| 18 | Form HUD-92457 - Surveyor's Report and Land Survey | | | X |
| 19 | Management Agreement | | | X |

For HUD Use Only

| | | | | | |
|----------------------------|--|--|--|--|--|
| Date Received (mm/dd/yyyy) | | | | | |
| Amount | | | | | |
| Code Schedule | | | | | |
| Received by | | | | | |