

Contact Sheet
Section 232

**U.S. Department of Housing
and Urban Development**
Office of Residential
Care Facilities

OMB Approval No. 9999-9999
(exp. mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

For Use in all Section 232 Projects

Project Name: _____

New FHA
Project Number: _____

Old FHA
Project Number: _____
(if applicable)

Project

Site Address: _____

CMS* Number: (if applicable) _____

*Center for Medicaid and Medicare Services

Contact for ORCF* Appraiser/Inspector To Coordinate On-Site Visits and Repair Inspections:

*Office of Residential Care Facilities

Contact Name/Title: _____

Site Contact Phone: _____

Contact Email _____

Site Contact (i.e. Administrator, Manager if different than above)

Contact Name/Title: _____

Site Contact Address: _____

Site Contact Phone: _____

Contact Email: _____

Lender

Firm Name: _____

Mortgagee No: _____

Address: _____

Underwriter Contact _____

Underwriter Phone: _____

Underwriter Email: _____

Servicing Lender

Firm Name: _____

Address: _____

Contact Name _____

Contact Phone: _____

Contact Email _____

Lender's Counsel

Firm Name: _____

Address _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Borrower

Legal Name: _____

Address: _____

Contact Name: _____

Annual FYE Date: _____ **EIN:** (Employee ID Number) _____

Contact Phone: _____

Contact Email: _____
Borrower's Counsel _____

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone _____

Contact Email: _____

Operator (Lessee) (if applicable)

Legal Name: _____

Address: _____

Contact Name _____

Annual Fiscal Yr.
End: _____

EIN: _____

Contact Phone: _____

Contact Email: _____

Management Agent (if applicable)

Legal Name: _____

Address: _____

Contact Name: _____

Annual Fiscal Yr.
End: _____

EIN: _____

Contact Phone: _____

Contact Email: _____

Title Company

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Bonding Company (if applicable)

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

General Contractor (if applicable)

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Design Architect (if applicable)

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Supervisory Architect (if applicable)

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Additional Participants

(Include Accounts Receivable Lender, if applicable)

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Additional Participants

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____