

**Certification of Exigent  
Health & Safety (EH&S)  
Issues**

**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.

**BORROWER'S CERTIFICATION THAT ALL EXIGENT  
HEALTH AND SAFETY ITEMS HAVE BEEN CORRECTED**

[Name of Project Borrower:] \_\_\_\_\_ (the "Borrower"),  
the Borrower of [Project Name:] \_\_\_\_\_, [City:] \_\_\_\_\_,  
[State:] \_\_\_\_\_ [FHA Project Number:] \_\_\_\_\_ (the "Project"), by and through  
its duly authorized representative identified below, hereby certifies that:

1. All Exigent Health and Safety ("EH&S") items at the Project have been corrected. Such EH&S items include those identified in the Notification of Exigent and Fire Safety Hazards Observed, during the REAC Inspection dated \_\_\_\_\_.
2. The attached report accurately identifies the repairs that have been made to correct the EH&S items, the location of those repairs, and the date or dates the repairs were made. If repairs were not made, the dangerous condition was eliminated.

This certification is made by the Borrower and is signed by a duly authorized Representative of the Borrower, who is so authorized by reason of his/her position as the \_\_\_\_\_ [e.g. President, Manager, CEO, General Partner, etc.] of the Borrower.

Borrower certifies that the statements and representations contained in this instrument and all supporting documentation thereto are true, accurate, and complete and that each signatory has read and understands the terms of this instrument. This instrument has been made, presented, and delivered for the purpose of influencing an official action of HUD and may be relied upon by HUD as a true statement of the facts contained therein and are accurate as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**BORROWER**

By: Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_