Request for Waiver of Housing Directive

U.S. Department of Housing and Urban Development

Office of Residential
Care Facilities

Public reporting burden for this collection of information is estimated to average 1 hour(s). 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

OMB Approval No. 9999-9999

(exp. mm/dd/yyyy)

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.

1. Waiver Requested by (name, entity):			
2. Project Name and FHA Project Number:			
3. Relief Sought (including directive name/number, section, paragraph, etc.):			
4. Justification:			
5. Did a check of SharePoint indicate prior approval of a similar waiver?		If previously approved, list OHP Waiver Control Number: OHP XXX	
Yes (Section #6 below is not required)			
No (Section #6 is required)			
6. <u>Counsel Determination:</u> The waiver proposal does not conflict conflicts with statutory or regulatory provisions (comments or statutory/regulatory provision):			
Counsel Name and Signature	:		Date:
7. Granted Not Granted	Authorized ORCF Signatory		Date:
8. Comments (optional):			
9. OHP Waiver Control Number (completed when signed HUD-2-ORCF is uploaded to SharePoint):			
OHP			