

**Lender's FHA Number
Request
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 .5 hours. 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.

Data must be provided for every field.

Project Name:	_____
Type of Project:	223f; 232NC, 223a7, 232SR, 223d, 241a, 232BR, or 232i*.
Current FHA Project Number:	Not Applicable or XXX-XXXXX
If 223a7, type of current loan?	223f; 232NC, 232SR, 223d, 241a, or 232i*.
Type of Activity (if 223f):	Refinance / Purchase
Type of Mortgage Insurance:	Insurance Upon Completion or Insured Advances
Mortgagor Type:	Profit / Nonprofit
Mortgage Amount:	\$
Permanent Interest Rate:	_____
Mortgagee ID Number:	_____
Mortgagee Name:	_____
# of Nursing Home (SNF):	Beds
# of Intermediate Care:	Beds
# of Assisted Living (ALF):	Units
# of Memory Care:	Beds
# of Board & Care:	Units
# of Independent:	Units
# of Other Type Facility:	Beds
Project Street Address:	_____
Project City:	_____
Project State:	_____
Project Zip Code:	_____
Project's Congressional District:	_____
Check all that apply:	<input type="checkbox"/> LIHTC <input type="checkbox"/> Tax-Exempt Bonds
	<input type="checkbox"/> HOME <input type="checkbox"/> CDBG <input type="checkbox"/> HOPE VI
Mortgagee Contact Name:	_____
Mortgagee Contact Email:	xx@xx
Mortgagee Contact Phone:	xxx-xxx-xxxx

The below questions pertain only to projects with Common Control (whether part of a Small, Mid/Size or Large Portfolio)**

Is this a Mid/Large size Portfolio Project (requiring HUD HQ's Review)? No Yes

Is this a small size portfolio? No Yes

Is a master lease proposed? No Yes

Identify a name for the portfolio _____

Identify projects with Common Control by FHA # _____

* NC = New Construction; SR = Sub. Rehab.; 232(i) = Fire Safety Equipment; BR = Blended Rate (both NC and Existing)

** Follow existing Office of Residential Care Facilities (ORCF) Guidance related to what constitutes projects with common control (whether a Small, Mid/ Size, or Large portfolio). It is important to identify related projects so HUD can employ economies of scale in OGC and underwriting reviews.