Borrower's Certificate of Actual Cost 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 3.5 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation that 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.

To: Secretary of Housing and Urban Development			FHA Project Number:	FHA Project Number:					
Office of Healthcare Programs			Project Name:						
Office of Residential Care Facilities			Loodian						
Attn:			Location:						
pro	e actual cost to the undersigned of labor, materials and necessary sperly (land and improvements) in connection with the subject load le or to be made are as follows (attach supporting documents):								
	Item	Paid	To be Paid at Endorsement	Total					
1.	Purchase Price or Existing Indebtedness	\$	\$	\$					
2.	Repairs (Itemized on Schedule A of this form)	\$	\$	\$					
3.	HUD Fees	\$	\$	\$					
4.	Lender's Fees (Loan origination and closing)	\$	\$	\$					
5.	Recording Expenses	\$	\$	\$					
6.	Legal and Organizational Expenses	\$	\$	\$					
7.	Other Expenses (Itemized on Schedule C of this form)	\$	\$	\$					
8.	Total Cost	\$	\$	\$					
	s certification is made, presented and delivered for the purpose of								
of Housing and Urban Development. This certification may be relied upon as a true standard of Borrower: Date:			ie statement of the facts co	mamed nerem.					
Signature of Borrower.									
Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, uses, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.									
Warning: U.S. Criminal Code, Section 1010, Title 18, U.S.C., "Department of Housing and Urban Development and Federal Housing Administration transactions", Provides in part: "Whoever, for the purpose ofinfluencing in any way the action of such Departmentmakes, passes, utters, or publishes any statement, knowing the same to be falseshall be fined not more than \$5,000 or imprisoned not more than two years or both."									
Maximum Insurable Loan (for Completion by HUD)									
	ral Per Line Item 8	\$							
Less Disallowed Amounts			\$						
Subtotal			\$						
Mo	ortgage Amount	\$							
A.	% of Subtotal (Enter 85% if Acquisition; 100% if Refinance	\$							
B. A	Amount Committed for Insurance (or amended amount)	\$							
Maximum Insurable Loan (Enter the lower of A or B)			\$	\$					
By (Authorized Agent):			Date:						
			I						

Instructions

In accordance with HUD Regulations, accurate records of all costs must be maintained and are subject to review by employees of HUD prior to the endorsement of the loan for insurance. The records must be in sufficient detail to permit the itemization of cost required by this form, including the Schedules below. Only those items of cost actually incurred by the Borrower will be allowed by HUD. (If the space allowed below for the Schedules of Cost is insufficient, continue the itemization on an attached sheet.)

Schedule A (Repairs – Item 2)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$
Schedule B (Lender's Fees – Item 4)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$
Saladala C (Other Jan 7)	
Schedule C (Other – Item 7)	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$