

**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: \_\_\_\_\_