Certification of Outstanding Obligations Section 232/223(f)

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. 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:	Borrower Name	
Project:	Project Name	
FHA Number:	FHA Project Number	
Project Location:	Project City, State	

I, the undersigned, HEREBY CERTIFY that to the best of my knowledge and belief, the following list identifies all outstanding obligations of the Borrower **and the property**:

Lender / Obligee (name, address)	Balance (\$)	Other Inform	ation
Lender Name		Secured Unsecured	Loan #:
Address Line 1		Less than 1 year old	Contact:
Address Line 2		Not to be paid off	Contact Phone:
		Secured Unsecured	Loan #:
		Less than 1 year old	Contact:
		Not to be paid off	Contact Phone:
		Secured Unsecured	Loan #:
		Less than 1 year old	Contact:
		Not to be paid off	Contact Phone:
		Secured Unsecured	Loan #:
		Less than 1 year old	Contact:
		Not to be paid off	Contact Phone:
		Secured Unsecured	Loan #:
		Less than 1 year old	Contact:
		Not to be paid off	Contact Phone:
		Secured Unsecured	Loan #:
		Less than 1 year old	Contact:
		Not to be paid off	Contact Phone:
		Secured Unsecured	Loan #:
		Less than 1 year old	Contact:
		Not to be paid off	Contact Phone:

Lender Name	Secured Unsecured Loan #:
Address Line 1	Less than 1 year old Contact:
Address Line 2	Not to be paid off Contact Phone:
	Secured Unsecured Loan #:
	Less than 1 year old Contact:
	Not to be paid off Contact Phone:
	Secured Unsecured Loan #:
	Less than 1 year old Contact:
	Not to be paid off Contact Phone:
	Secured Unsecured Loan #:
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	Less than 1 year old Contact:
	Not to be paid off Contact Phone:
	Secured Unsecured Loan #:
	Less than 1 year old Contact:
	Not to be paid off Contact Phone:
	Secured Unsecured Loan #:
	Less than 1 year old Contact:
	Not to be paid off Contact Phone:

Additional pages attached.

Signature.

The individual signing below on behalf of the Borrower certifies that he/she is an authorized representative of the Borrower and has sufficient knowledge to make this certification on behalf of the Borrower. Signatory hereby 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 in insuring the Loan, and may be relied upon by HUD as a true statement of the facts contained therein.

Executed this	day of	. 20
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By:	
Name:	
Title:	