

Certificate of Need for Health Facility and Assurance of Enforcement of State Standards

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-xxxx (exp. xx/xx/xxxx)

Public reporting burden for this collection of information is estimated to average 0.20 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The form is completed by FHA Appraisers, Owners, and nonprofit entities for the Department of HUD to evaluate property as security for a long-term insured mortgage. This information is required to obtain benefits. Section 232 of the National Housing Act authorizes mortgage insurance for the development of nursing homes and intermediate care facilities. Provision of this information is required to obtain mortgage insurance benefits.

Privacy Act Statement. The United States Department of Housing and Urban Development (HUD), Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, United States Code, Section 1701 et. seq., and regulations promulgated there under at Title 12, Code of Federal Regulations. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Request. The agency may not collect this information and you are not required to complete this form unless it displays a currently valid OMB control number.

This Certificate covers the following type of facility: (check one) Hospital Nursing Home ICF Other (specify)

To the Secretary of Housing and Urban Development: In accordance with the provisions of the National Housing Act, as amended, and applicable portions of Titles VI, or XV, or XVI of the Public Health Service Act, this agency (name of agency)

certifies as follows:

1. This facility will provide (types of services) _____ without duplicating such services already adequately provided within the service area and without exceeding present needs for such services in the area.
2. In accordance with the approved State Health Plan and the State CoN requirements or Section 1122 (SSA) requirements, there is a need for (number of beds) _____ to be constructed and / or (number of beds) _____ to be modernized, to be located at (address) _____ in service area (name) _____
3. This HUD Certification of Need for service area stated above in the State of _____ is issued in favor of (name and address of Sponsor) _____ only, for the construction and / or modernization of (name and address of Project) _____ only, and is in effect for _____ months from the date of issuance.
4. There are in force in the State (or other political subdivision of the State in which the proposed project will be located) reasonable minimum standards of licensure and methods of operation for this health facility.
5. The prescribed standards of licensure and operation will be applied and enforced with respect to the applicant health facility.
6. Amount of other Federal assistance, if any, \$ _____ from (name of agency) _____
7. A copy of the State's approval under its CoN Program shall be attached.

Date Issued

X _____
Signature

Termination Date

Title

Name of Agency

Address and Phone Number of Agency