Application for Hospital Project Mortgage Insurance

Hospital - Section 242

Project Name:			Project Number:			
Part I — Mortgagor's Application	on					
То:			and		of Housing and Urba	
The undersigned hereby applie	es for a loa	n in the principal	amount of \$		to be in	sured under the
provisions of Section 242 of the				rst mortgage o	on the property herei	nafter described.
Insurance of advances during c		\Box is, \Box is not	t desired.			
B. Location and Description o	f Property					
1. Street Numbers:		2. Street:				
3. Municipality: 4. Count		County:	5. State:	6. No. of Beds:	7. Type of Project: Elevator One Story	8. Proposed Existing
C. Estimated Replacement Co	sts					
1. Total Construction Cost Per C	ontract(s)	\$	7. Legal & Orga	nization		
2. Fees			Legal		\$	
Architect's Fee—Design	\$		Organization			
Architect's Fee—Supervisory			Consultant			
Construction Mgmt. Fee			Total Legal &	Organization		\$
Other Fees			8. Total Estimat	ed Replacemer	t Cost (Excl. of Land)	\$
Total Fees		\$	9. Net Book Value on Existing Property, Plant, & Equipmen		nt \$	
3. Other			10.Total Estima	ted Replaceme	nt Cost of Project	\$
Site Demolition Costs	\$		D. Estimated Cash	Requirements		
Other (Identify)			1. Total Project F	Replacement Co	st (Excl. of Land)	\$
Total Other		\$	2. Land Indebted	2. Land Indebtedness		
4. Equipment and Furnishings A		\$	3. Total			\$
5. Total for All Improvements and Equipment		\$	4. Less Mortgage	4. Less Mortgage Amount (& Grant or Approved Loans, if any		()
6. Carrying Charges and Financi		5. Cash Required	b		\$	
Int. mos. @ %	6		6. Other (Identify)			
on \$	\$		7. Other (Identify)			
Taxes			8. Total Estimat	ed Cash Requi	rements	\$
Insurance						
HUD Mtge. Ins. Prem. %						
HUD Exam. Fee 0.3 %						
HUD Inspec. Fee 0.5 %						
Financing Exp. %						
Placement Fee %						
AMPO %						
Title and Recording						
Total Carrying Charges and Financing		\$				
		E	nr HUD Use Only			

E. Sponsors	1. Name of Sponsor or Co-Sponsor:	Telephone Number:		
	Address:			
	Name of Sponsor or Co-Sponsor:	Telephone Number:		
	Address:			
	2. Belationship between Sponsoring Group and Mortgagor (Existing Connections o	r Proposed if Mortgagor has not been formed)		

F. Certification The undersigned, as the principal sponsor(s) of the proposed mortgage, certify(ies) that he/she (they) is (are) familiar with the provisions of the regulations of the Secretary of Housing and Urban Development under the above identified section of the National Housing Act and that to the best of his/her (their) knowledge and belief the mortgagor has complied, or will be able to comply, with all of the requirements thereof which are prerequisite to insurance of the mortgage under such Section.

It is hereby represented by the undersigned that to the best of his/her (their) knowledge and belief no information or data contained herein or attachments listed herein are in any way false or incorrect and that they are truly descriptive of the project or property which is intended as the security for the proposed mortgage and that the proposed construction will not violate zoning ordinances or deed restrictions.

Attest:	Date:
Signature: (Sponsor)	Date:

Part II - Mortgagee's Application

To: The Secretary of Housing and Urban Development:

Pursuant to the provisions of the Section of the National Housing Act identified in the Mortgagor's application and HUD Regulations applicable thereto, application is hereby made for the insurance of a mortgage covering property described in the above application of the Mortgagor. After examination of the application and the proposed security, the undersigned proposed mortgagee considers the project to be desirable and is interested in making the loan in the principal amount of Dollars

(\$), which will bear interest at)	percent (%),		
will require repayment of principal over a period of	_ months and, according to an amortization plan to be agreed upon. Insurance	ce of	
advances during construction is, is not desired.			
This application by the undersigned proposed Mortgagee is subject to yo	our commitment, its own final action and the payment of its charges. It is unders	stood	
that the financing expense in the amount of	Do	ollars	
(\$) is subject to adjustment so that the	he total will not exceed percent (_%)	
of the amount of your commitment.			
Discount or placement fee for the mortgage is%.			
Herewith is check for	Do	ollars	
\$), which is in payment of the application fee required by said HUD Regulations.			
Signature: (Proposed Mortgagee)	Name & Title of Officer:		
x			
Address:			

To Be Completed by Each Sponsor and by the General Contractor

Original Certificate of Need Attached

Public reporting burden for this collection of information is estimated to average 4664 hours 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. Applicants are required to complete this form to provide HUD with the necessary data to determine a hospital's eligibility for FHA insurance. HUD will use the information to determine that the applicant meets the requirements and eligibility criteria; underwriting standards; and adequacy of state/or local certifications, approval, or waivers. This collection of information is authorized by Section 242, Sections 223(a)(7), 223(e), 223(f), and 241(a) of 12 U.S.C. 1715z-7. This collection is required to obtain benefits.

Original Certificate of Need Previously Furnished

Privacy Act Notice. The United States Department of Housing and Urban Development, 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 thereunder at Title 12, Code of Federal Regulations. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information request. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.