Application for Hospital Project Mortgage Insurance

Hospital - Section 242

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

OMB No. 2502-0602 (Exp. xx/xx/xxxx)

Project Name:		Project Number:							
Part I — Mortgagor's Application									_
To:							lousing and Urb		
The undersigned hereby applies for							to be in		
provisions of Section 242 of the Natio				ired by a fii	rst mortgage o	n th	e property herei	ınafı	ter described.
Insurance of advances during constru		18, 18	not desired.						
B. Location and Description of Prop	perty								
Street Numbers:		2. Street:							
3. Municipality:	4. County:			5. State: 6. N		7.	Type of Project:	8.	
							Elevator		Proposed
							One Story		Existing
C. Estimated Replacement Costs					-				
1. Total Construction Cost Per Contrac	ct(s)	\$	7. L	egal & Orga	nization				
2. Fees			L	egal		\$			
Architect's Fee—Design \$			C	Organization					
Architect's Fee—Supervisory			C	Consultant					
Construction Mgmt. Fee			T	otal Legal &	Organization			\$	
Other Fees			8. T	otal Estimat	ed Replacemen	t Co	st (Excl. of Land)	\$	
Total Fees		\$	9. N	et Book Valu	ue on Existing Pr	opert	y, Plant, & Equipme	nt \$	
3. Other			10.7	otal Estima	ted Replaceme	nt Co	st of Project	\$	
Site Demolition Costs \$			D. Esti	D. Estimated Cash Requirements					
Other (Identify)			1. T	Total Project Replacement Cost (Excl. of Land)					
Total Other		\$	2. L	2. Land Indebtedness					
4. Equipment and Furnishings Actual Cost		\$ \$	3. T	3. Total				\$	
5. Total for All Improvements and Equipment			4. L	4. Less Mortgage Amount (& Grant or Approved Loans, if any)					
6. Carrying Charges and Financing			5. C	5. Cash Required					
Int. mos. @ %		6. C	6. Other (Identify)						
on \$	1 \$		7. C	7. Other (Identify)					
Taxes			8. T	otal Estimat	ed Cash Requi	reme	nts	\$	
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 Financi	ng	\$							
Date Received			For HUD Use Or	ily					
Amount									
Code									
Schedule									
Received by									
Tiodo. Vod by									

E. Sponsors	Name of Sponsor or Co-Sponsor:	Telephone Number:
	Address:	
	Name of Sponsor or Co-Sponsor:	Telephone Number:
	Address:	
	2. Relationship between Sponsoring Group and Mortgagor (Existing Connections or Proposed, if Mortgagor	agor has not been formed).
provisions of that to the bes are prerequisi	The undersigned, as the principal sponsor(s) of the proposed mortgage, certify(ies) that he the regulations of the Secretary of Housing and Urban Development under the above identifit of his/her (their) knowledge and belief the mortgagor has complied, or will be able to complete to insurance of the mortgage under such Section.	fied section of the National Housing Act and apply, with all of the requirements thereof which
listed herein a	represented by the undersigned that to the best of his/her (their) knowledge and belief no inforce in any way false or incorrect and that they are truly descriptive of the project or property what the proposed construction will not violate zoning ordinances or deed restrictions.	
Attest:		Date:
Signature: (Spo	nsor)	Date:
David Martina	naala Amuliaatian	
•	gee's Application of Housing and Urban Development:	
application is application an principal amo), which will bear interest at	ation of the Mortgagor. After examination of the irable and is interested in making the loan in the Dollar percent (%),
advances duri This application	payment of principal over a period of months and, according to an among construction is, is not desired. on by the undersigned proposed Mortgagee is subject to your commitment, its own final action	
that the financ	ing expense in the amount of) is subject to adjustment so that the total will not exceed	percent (
	of your commitment.	1 (
Herewith is ch	acement fee for the mortgage is%. neck for	Dollar
(\$), which is in payment of the application fee required by said HUD	D Regulations.
Signature: (Prop	osed Mortgagee) Name & Title of Officer:	
Χ		
Address:		
Original C	Certificate of Need Attached Original Certificate of Need Previously Fu	urnished
Public reporting builting builting builting data s	I by Each Sponsor and by the General Contractor urden for this collection of information is estimated to average 4664 hours per response, incluources, gathering and maintaining the data needed, and completing and reviewing the collect to provide HUD with the necessary data to determine a hospital's eligibility for FHA insurance.	ction of information. Applicants are required to

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.

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.