

**Mortgage Record Change**  
Section 242

**U.S. Department of Housing  
and Urban Development**  
Office of Hospital Facilities

OMB Approval No. 2502-0602  
(Exp. XX/XX/XXXX)

For Insured Hospital Loans Only,  
Not for Commitment Assignments

Public reporting burden for this collection of information is estimated to average 0.5 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. Providing this information is required to obtain benefits. HUD requires this information to assure accuracy in the fee and premium billing programs and uses the information to process premium payments and to process claims. No confidentiality is required. HUD may not require, and you are not required to respond to, this collection of information unless it has a current OMB control number.

**Instructions:** Submit the original only to HUD within 15 calendar days from the date of change for the hospital mortgage.

**Sale of Mortgage:** It is the Seller's responsibility to submit this form. Boxes 1, 2, 3, and 4 through 13 must be completed by the Seller. Box 14 must be signed by an authorized official of the purchasing lender. Signatures in boxes 13 and 14 are official notice to HUD that this insured loan has been sold in accordance with HUD regulations. Seller and purchaser agree that the purchaser succeeds to all rights and assumes all obligations of the Seller under the HUD contract of insurance. Upon receipt of this notice by HUD, the Seller will be released from its obligations under the contract of insurance. HUD will acknowledge receipt of this notice to the Seller and to the Purchaser by email.

**Change of Servicer or Borrower:** Boxes 1, 2, 3, 4, 6, 7, 9, 11, and 14 must be completed.

1. Type of Action: (mark all applicable boxes)

- Change of Holding Mortgagee or Services  
 Sale of Mortgage  
 Change of Servicer

2. Original Amount of Mortgage:

3. FHA Project No.

Section of Act Code

4. Maturity Date: (month and year)

5. Construction Status:

- Construction is Completed  
 Construction is Uncompleted

6. Date of This Notice (mm/dd/yyyy)

7. Date of Transfer (mm/dd/yyyy)

8. Selling Lender: (lender code no., name, address & zip code)

9. Purchasing Lender: (lender code no., name, address & zip code)

10. Name of Present Borrower (or previous Borrower if for a Borrower Change)

11. Service to Which Future Premium Notices Should be Sent (lender code no., name, address & zip code)

12. Property Address: (include zip code)

13. Selling Lender: (Authorized Official)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

14. Purchasing or Holding Lender: (Authorized Official)

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Mail the completed form to:

U.S. Department of Housing and Urban Development  
Office of Hospital Facilities, Room 2247  
c/o Asset Management Division Director  
451 7<sup>th</sup> Street, SW  
Washington, DC 200410