

**Part I Mortgagor's Application**

Mortgagor's Legal Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

**Section A.**

Date Prepared: \_\_\_\_\_

To: \_\_\_\_\_ and the Secretary of Housing and Urban Development.  
The undersigned hereby applies for a loan in the principal amount of \$ \_\_\_\_\_ to be insured under the provisions of Section \_\_\_\_\_ of the National Housing Act, said loan to be secured by a first mortgage on the property hereinafter described. Insurance of advances during construction  is,  is not desired.

**B. Project Background information**

1. Street Address:				2. Municipality			
3. County		4. State	5. Zip Code:		6. No. of Licensed Beds:	7. Building Type:	8. Project Type
						Multistory	New/Repl
						One Story	Rehab
9. <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit		<input type="checkbox"/> Governmental		10. Specify the Funding source:			11. Calendar Days in constr. contract

**C. Total Estimated Replacement Cost of Project**

**Legal , Organization , Consultant, AMPO, & Special Assessments**

1. Total Construction Cost Per Contracts(s)		\$	22. Legal			
<b>Fees</b>			23. Organization			
2. Architect's Fee - Design		\$	24. Special Tax Assessment			
3. Architect's Fee - Supervisory			25. Consultant			
4. Construction Mgmt. Fee			26. AMPO			
5. Other Fees (Identify)			27. Total Leg., Org., Consult, AMPO, & Spec. Asses.			
6. Total Fees (Lines 2-5)		\$	28. Total Soft Costs (lines 21 & 27)			
<b>Other</b>			29. Total Estimated Project Cost (Lines 11 & 28)			
7. Contingency		\$	30. Existing Land & PP&E to be included in Project			
8. Other (Identify)			31. Land & PP&E to be purchased for Project			
9. Total Other (Lines 7-8)		\$	32. Total Estimated Replacement Cost of Project (lines 29,30, & 31)			
10. Equipment and Furnishings		\$	<b>D. Estimated Cash Requirements - Sources and Uses</b>			
11. Total Hard Costs (Lines 1,6,9, & 10)		\$	1. Total Estimated Project Cost (from C.29)			
<b>Carrying Charges and Financing</b>			2. Refinanced Capital Debt			
12. Interest: ___ mos. @ ___ %			3. Purchase Price of Property to be Acquired			
On \$ _____		\$	4. Total Project Uses ( Lines D1 through D3)			
13. Taxes			5. Other Funding Req. (Identify)			
14. Insurance			6. Other Funding Req. (Identify)			
15. HUD Mtge. Ins. Prem.			7. Total Uses of Funds ( Lines D4 through D6)			
16. HUD Exam. Fee 0.3 %			8. Less Insured Loan amount			
17. HUD Inspection Fee			9. Less Grant or Approved Loans (if any)			
18. Permanent Financing Fee ___%			10. Less Other FHA Cash Requirements			
19. Initial Service Charge ___%			11. Cash Equity			
20. Title and Recording			12. Total Estimated FHA Cash Requirements			
21. Total Carrying Charges and Financing (Lines 12 through 20)		\$	<b>E. 1. Information on Leased Property</b> (based on inspection of Title Policy) Is any of the property to be mortgaged held pursuant to a ground lease?			

**For HUD Use Only**

Amount of Application Fee Received		F. 1. SWAP termination cost incl. on line D(2)
Received by		
(10/2001)		

Yes  No  Years \_\_\_\_\_  
If so, Value? \$ \_\_\_\_\_

2. Non-FHA cash requirements:

<b>F. Sponsors</b>	1. Name of Sponsor or Co-Sponsor:	Telephone Number:
	Address:	
	2. Name of Sponsor or Co-Sponsor:	Telephone Number:
	Address:	
	2. Relationship between Sponsoring Group and Mortgagor (Existing Connections or Proposed, if Mortgagor has not been formed).	

**G. 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 of advances during construction  is  is not desired.

This application by the undersigned proposed Mortgagee is subject to your commitment, its own final action and the payment of its charges. It is understood that the initial service charge in the amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) is subject to adjustment so that the total will not exceed \_\_\_\_\_ percent (\_\_\_\_%) of the amount of your commitment.

Discount or Permanent Financing Fee for the mortgage is \_\_\_\_\_ %.

Herewith is check for \_\_\_\_\_ Dollars

(\$ \_\_\_\_\_), which is in payment of the application fee required by said HUD Regulations.

Mortgagee:	Signature:
Address:	Name & Title of Officer:

Original Certificate of Need Attached     Original Certificate of Need Previously Furnished     Certificate of Need Not Required

**To Be Completed by Each Sponsor and by the General Contractor**

Public reporting burden for this collection of information is estimated to average 4,664 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.

**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.