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| **Borrower’s Certification- Full or Partial Completion of Project**Section 242 | **U.S. Department of Housing** **and Urban Development**Office of Hospital Facilities | OMB Approval No. 2502-0602 (Exp. XX/XX/XXXX) |

**Public reporting** burden for this collection of information is estimated to average 0.5 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Warning:** Federal law provides that anyone who knowingly or willfully submits (or causes to submit) a document containing any false, fictitious, misleading, or fraudulent statement/certification or entry may be criminally prosecuted and may incur civil administrative liability. Penalties upon conviction can include a fine and imprisonment, as provided pursuant to applicable law, which includes, but is not limited to, 18 U.S.C. 1001, 1010, 1012; 13 U.S.C. 3729, 3802, 24 C.F.R. Parts 25, 28 and 30, and 2 C.F.R. Parts 180 and 2424.

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| To: Secretary of Housing and Urban Development ("HUD") | Project Name:       |
| And to:      **("Lender" or Servicer)** | FHA Project Number:      |

[Enter Borrower Name], a [Enter Borrower Type, e.g., LLC] organized and existing under the laws of (Enter State) (the "Borrower"), the Borrower of the above-referenced project located at [Street Address], [City], [State] (the "Project"), hereby certifies to HUD and Lender or Servicer as follows:

1. The Project is being or has been financed with proceeds of a mortgage loan(the “Loan”) in the principal amount of $\_\_\_\_\_\_\_\_\_\_ from the Lender to the Borrower, which Loan will be or is insured by HUD pursuant to the certain Commitment to Insure Upon Completion dated \_\_\_\_\_\_\_\_\_\_(as the same may be amended from time to time, the “firm Commitment”).
2. At Loan closing, an escrow totaling $      was established. This escrow amount included $      which represents 100% of the estimated cost of the Project, and an additional escrow amount of $     , which represents      % of the cost estimate to be held in cash or Letter of Credit.
3. Pursuant to the terms of the Firm Commitment, the Borrower is obligated to complete the Project within       months of Loan closing.
4. The attached Form HUD-92464-OHF, Request for Approval of Advance of Escrow Funds, Advance Number      , includes any corresponding photographs and invoices, documenting the completed Project work for this advance.
5. The Borrower hereby certifies that the completed Project work is acceptable and has been completed in a good and workmanlike manner.
6. During the course of the work, HUD and its representatives shall at all times have access to the Project and the right to inspect its progress. The Borrower is aware that periodic spot inspections may be made by HUD and its representatives, to verify completion of work.
7. The Lender shall have the right, but not the obligation, to use funds in the escrow account to complete any work not completed and accepted by the Secretary within the prescribed timeframe.

Borrower hereby certifies that the statements and representations contained in this instrument and all supporting documentation thereto are true, accurate, and complete and that each signatory has read and understands the terms of this instrument.  This instrument has been made, presented, and delivered for the purpose of influencing an official action of HUD in insuring the Loan, and may be relied upon by HUD as a true statement of the facts contained therein.

Date:      **BORROWER**

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| [Enter Borrower Name]a(n) [Enter Borrower Type, e.g., LLC]By:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Title:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     |
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