

Funds Authorization
Section 232

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

OMB Approval No. 2502-0605
(exp. 03/31/2018)

Public reporting burden for this collection of information is estimated to average 1 hour. 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: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

Instructions: Borrowers submit requests through FHA Lender Only. Retain invoices for at least three years for review/submission upon request.

<input type="checkbox"/> Reserve for Replacements Fund	<input type="checkbox"/> Residual Receipts Fund	FHA Project Number:
Is this withdrawal request for an advance/installment of funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide % complete or Phase of and attach copy of signed contract showing payment schedule.		Project Name: #units: #beds: Date of current PCNA:
		Property Address: (Include City, State, and Zip Code)
Purpose/Summary of the Transaction		<input type="checkbox"/> Lender Delegated <input type="checkbox"/> HUD Portal
Comments:		
Current Account Balance: \$ Withdrawal: \$	As of Date:	Current Monthly Deposit: \$ Account Balance After

Name of Supplier	Description of Item or Work	Location or Unit No.	Date of Purchase	Check No.	Amount of Purchase
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
TOTAL					\$

This Office has approved (Check (X) appropriate boxes.) This is your authority to adjust the Reserve requirements accordingly. This authority is revocable upon written notice from HUD.

A suspension of Deposits to the Reserve from the date of (mm/dd/yyyy) _____ to the date of (mm/dd/yyyy) _____.

A suspension of Deposits to the Reserve as long as a balance of \$ _____ is maintained.

A change in the Monthly Deposit to the Reserve from \$ _____ to \$ _____ effective the date of (mm/dd/yyyy) _____ through the date (mm/dd/yyyy) _____.

I, _____, certify that: Funds expended **have been or will be** used for the work indicated in this request; I **have inspected/will inspect** the work and **have determined/will determine** that the damaged area(s) or equipment have been restored to as good or better condition; No mechanic's or material man's liens **have been or will be** attached to the property as a result of the repair; The repairs **have been or will be** completed in accordance with all applicable building codes and ordinances; all contract materials, supplies, and services, as applicable, have been obtained at the most reasonable costs and on terms most advantageous to the property; all discounts, rebates, and commissions have been credited to the property; any expenditures that are determined in a review by HUD (or the Mortgagee) to be ineligible, will be repaid (from non-project funds) to the property's Reserve Fund.

All goods and services purchased from individuals or companies with which the Borrower, Operator or Management Agent has an identity-of-interest were or will be purchased at costs not in excess of those that would have been incurred in making arms-length purchases on the open market. (All identity of interest transactions must be specifically identified in the project's annual financial statements.)

Request Initiated and Certified by:

Request Submitted and Reviewed by Mortgagee:

(Please check all that apply)

Borrower Operator Lessee
 Management Agent

(Please include entity name and contact name)

Check here if any address, telephone number, fax or email updates

Check here if approved under delegated processing

Signature: _____

Signature: _____

Name and Title (authorized agent): _____

Name and Title: _____

This is your authority to release the following amounts from the reserve: _____

To be signed by ORCF only if not delegated to the Lender or Approved through the HUD Portal

ORCF Account Executive: (please type or print Name): _____ Signature: _____ Date (mm/dd/yyyy): _____