

**Consolidated Certifications –  
Borrower**  
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 that 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.

**Privacy Act Notice:** The Department of Housing and Urban Development, Federal Housing Administration, is authorized to collect the information requested in this form by virtue of: The National Housing Act, 12 USC 1701 et seq. and the regulations at 24 CFR 5.212 and 24 CFR 200.6; and the Housing and Community Development Act of 1987, 42 USC 3543(a). The information requested is mandatory to receive the mortgage insurance benefits to be derived from the National Housing Act Section 232 Healthcare Facility Insurance Program. No confidentiality is assured.

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**INSTRUCTIONS:**

Please use the gray shaded areas (e.g., <<example>>) or appropriate check box (e.g., ) for your responses.

<b>Project:</b>	<<name of project here>>
<b>Project Location:</b>	<<city and state here>>
<b>FHA Number:</b>	<<FHA number here>>
<b>Existing FHA Loan Number:</b> if applicable	<<existing FHA number here {or} N/A if not applicable>>
<b>Borrower:</b>	<<Borrower's name here>>
<b>Operator (Lessee):</b> if applicable	<<name of Operator here {or} N/A if not applicable>>
<b>Parent of Operator:</b> if applicable	<<name of Parent of Operator here {or} N/A if not applicable>>
<b>Management Agent:</b> if applicable	<<name of Management Agent here {or} N/A if not applicable>>
<b>Lender:</b>	<<Lender's name here>>
<b>Existing FHA Lender:</b> if applicable	<<name of existing FHA Lender here {or} N/A if not applicable>>

**Other Parties of the transaction are provided on Attachment 2.**

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**Part I. Program**

**Select Applicable Section 232 Program Type:**

Section 223(d) applications must include Attachment 4, Section 223(d) Certifications.

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**Part II. Application for Project Mortgage Insurance**

The undersigned Borrower certifies that it is familiar with the provisions of  of the National Housing Act and the regulations of the Secretary of Housing and Urban Development ("HUD") applicable thereto and that, to the best of its knowledge and belief, the Borrower has complied, or will be able to comply, with all of the requirements thereof that are prerequisite to insurance of the mortgage under such section of the National Housing Act.

The Borrower further certifies that to the best of its knowledge and belief no information, data, exhibits, or attachments provided to the Lender or HUD, are in any way false or incorrect and that they are truly descriptive of the project or property that is intended as the security for the proposed mortgage and that any proposed repairs will not violate zoning ordinances or restrictions of record.

The Borrower agrees with HUD that, pursuant to the requirements of the HUD regulations, (a) neither it nor anyone authorized to act for it will decline to sell, rent, or otherwise make available any of the property or housing in the project to a prospective purchaser or tenant because of his/her race, color, religion, sex, or national origin, familial status, or disability; (b) it, and anyone authorized to act for it, will comply with federal, state, and local laws and ordinances prohibiting discrimination; and (c) failure or refusal to comply with the requirements of either (a) or (b) shall be a proper basis for HUD to reject requests for future business with which any Principal of the Borrower is identified or to take any other corrective action HUD may deem necessary.

**Part III. Supplement to Underwriting Analysis**

	<b>Yes</b>	<b>No</b>
1. Has the Borrower been delinquent on any federal debt? If yes, attach a letter from the affected agency that the debt is satisfied or under a workout agreement. ....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the Borrower been a defendant in any suit or legal action? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Borrower ever claimed bankruptcy or made compromised settlements with creditors? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there judgments recorded against the Borrower? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any unsatisfied tax liens against the Borrower? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the single-asset Borrower entity NOT registered in the United States, in the state where the corporate office is located?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there NOT at least one principal, with operational decision-making authority, that is a United States citizen?.....	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of questions 1 through 7 is “yes,” **attach the details on a separate sheet using instructions below.**

Borrower certifies that its answer to each of the questions in this Part and the information in any such attached sheets is true and correct.

A. Delinquent federal debt – Provide the following:

1. A detailed, written explanation from any applicant or Principal with a prior federal default or claim or whose credit report and financial statements contain conflicting or adverse information.
2. A letter from the affected agency, on agency letterhead and signed by an officer, stating the delinquent federal debt is current or satisfactory arrangements for repayments have been made.

B. Judgments – Provide a detailed, written explanation from any applicant or principal explaining the circumstances of the judgment, the resolution, and if not resolved, the expected outcome and resolution date.

C. Suits or legal actions – Provide a detailed, written explanation from any applicant or principal explaining the circumstances of the suit or action, describing the expected resolution of or mitigation for the action, and indicating whether the entity has insurance or other mitigation to cover adverse judgements or settlements from the action. Documentation must show likelihood and date to resolve. If previously resolved, indicate date of original suit and resolution date.

D. Bankruptcies – Any Borrower or Operator of a healthcare facility or their affiliate or renamed or reformed company that has filed for, is in, or has emerged from bankruptcy within the last five years is not eligible to participate in any manner in a facility that is the subject of a mortgage insured through the Section 232 Mortgage Insurance for Health Care Facilities

Programs. A project in bankruptcy that is acquired by a non-identity of interest Borrower in good standing is eligible for mortgage insurance.

- E. Foreign National and Corporate Entity Participation – Generally, foreign nationals and business entities may participate as principals. However, the single-asset borrower entity must be registered in the United States in the state where their corporate office is located and at least one principal, with operational decision-making authority, must be a United States citizen.

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#### **Part IV. Byrd Amendment**

The Borrower states, to the best of its knowledge and belief, that: “If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the Borrower shall complete and submit *Standard Form-LLL-Disclosure Form to Report Lobbying*, in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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#### **Part V. Credit Authorization**

The Borrower consents to the release of any banking and credit information in connection with the mortgage insurance application with respect to the above-referenced project to HUD, the Lender, and any contractors engaged by HUD or the Lender in connection with such application.

The Borrower also authorizes the Lender to request credit reports from an independent credit reporting agency and agrees to cooperate fully with said independent agency in regard to this matter. The Lender and HUD are also authorized to verify references and depository institutions supplied by the undersigned.

For the purpose of obtaining financing for the project, the Borrower further authorizes the Lender to disclose all financial and other information submitted by the Borrower and others in connection with the project, and hereby releases the Lender, its agents, and employees from liability arising from such disclosures to HUD and to other such persons and entities as the Lender deems necessary or appropriate in connection with the project.

**Part VI. Parties to the Transaction**

For 223(a)(7), 223(d), 241, and 232(i) applications, as applicable:

Does the Borrower know of any changes in the ownership structure of any of the following parties that have not been previously approved by HUD?

	Not Applicable	Yes	No
Borrower:		<input type="checkbox"/>	<input type="checkbox"/>
Operator (Lessee):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Agent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the questions in this Part is “yes,” attach a separate sheet setting forth the ownership of each party that has not been previously approved by HUD and setting forth the nature of any applicable identity of interest. The Borrower certifies that, to the best of its knowledge, its answer to each of the questions in this Part, and the information in any such attached sheets is true and correct.

The Borrower further certifies that HUD:

HAS approved all previous changes to the principal ownership of the Borrower.

**Part VII. Identities of Interest**

Does the Borrower have an identity of interest with the following parties or their principals?

	Not Applicable	Yes	No		Not Applicable	Yes	No
Lender:		<input type="checkbox"/>	<input type="checkbox"/>	Appraisal Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operator/Lessee:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Market Study Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Agent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Contractor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCNA Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design Architect:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cost Review Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Architect:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A&E Review Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lender (Existing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seller:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AR Lender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other fee-based service provider (administrative services, physical therapy, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Financing Lender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the questions in this part is “yes,” attach a separate sheet setting forth the nature of each such identity of interest. The Borrower certifies that, to the best of its knowledge, its answer to each of the questions in this Part and the information in any such attached sheets is true and correct.

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**Part VIII. Previous Participation Certification**

- Borrower is considered a Controlling Participant per HUD regulation and HAS completed an electronic Previous Participation certification via the Active Partners Performance System (APPS), and is proceeding to Part IX.
- Borrower is considered a Controlling Participant per HUD regulation and has NOT completed an electronic APPS submission, and must complete this Part VIII certification.

The Controlling Participant certifies that:

- It has NO Previous Participation** in Office of Healthcare or Multifamily Housing programs of HUD, housing projects with current flags under the U.S. Department of Agriculture’s previous participation review system, or any other housing project participating in a federal, state or local or government program; and during the Controlling Participant’s participation in the housing project (i) the housing project was not foreclosed upon; (ii) the housing project was not transferred by a deed in lieu of foreclosure; or (iii) an event of default, or similarly termed event, was not declared or remained after any applicable notice and cure periods against the housing project or the Controlling Participant pursuant to the government program’s project documents in the past 10 years.
- It DOES have Previous Participation** in Office of Healthcare or Multifamily Housing programs of HUD, housing projects with current flags under the U.S. Department of Agriculture’s previous participation review system, or any other housing project participating in a federal, state or local or government program; and during the Controlling Participant’s participation in the housing project (i) the housing project was not foreclosed upon; (ii) the housing project was not transferred by a deed in lieu of foreclosure; or (iii) an event of default, or similarly termed event, was not declared or remained after any applicable notice and cure periods against the housing project or the Controlling Participant pursuant to the government program’s project documents in the past 10 years as listed on the attached Attachment 3.

**Certifications:** Controlling Participant hereby certifies that the Controlling Participant has never been found to be in noncompliance with any applicable fair housing and civil rights requirements in 24 CFR 5.105 (a), except as disclosed to HUD in an attached signed statement explaining the relevant facts, circumstances, and resolution, if any. All the statements made in this certification and in any attachments hereto are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained in *Schedule of Previous Participation in FHA Insured & Other Government Agency Facilities* and Exhibits signed and attached to this form. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

Controlling Participant further certifies that:

1. Borrower's organizational chart, attached hereto, lists all Principals of Borrower, as defined in 24 CFR 200.215 or otherwise required by HUD (and such listed Principals are referred to as "Principal's Members" for purposes of this certification), which includes participation role, ownership percentage, SSN and TIN ("Organizational Chart").
2. The Schedule of Previous Participation in FHA Insured & Other Government Agency Facilities attached hereto contains a listing of every assisted or insured project in Office of Healthcare or Multifamily Housing programs of HUD, housing projects with current flags under the U.S. Department of Agriculture's previous participation review system, and any other housing project participating in a federal, state or local or government program; and during the Controlling Participant's participation in the housing project (i) the housing project was not foreclosed upon; (ii) the housing project was not transferred by a deed in lieu of foreclosure; or (iii) an event of default, or similarly termed event, was not declared or remained after any applicable notice and cure periods against the housing project or the Controlling Participant pursuant to the government program's project documents in the past 10 years.

For the period beginning 10 years prior to the date of this certification, and except as shown on the certification:

- a. No mortgage on a project listed on the attached schedule has ever been in default, assigned to the Government or foreclosed, nor has it received relief from the mortgagee.
- b. Controlling Participant has not experienced defaults or non-compliance under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project.
- c. There are no known unresolved findings as a result of HUD audits, management reviews or other Governmental investigations concerning any of the projects listed on Attachment 3.
- d. There has not been a suspension or termination of payments under any HUD assistance contract due to the fault or negligence of the Controlling Participants.
- e. The Controlling Participant has not been convicted of a felony and nor is presently, to its knowledge, the subject of complaint or indictment charging a felony. (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a state and punishable by imprisonment of two years or less).
- f. The Controlling Participant has not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or of a State Government from doing business with such Department or Agency.

- g. The Controlling Participant has not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.
3. The Controlling Participant is not a HUD/FmHA employee or a member of a HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5 C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part 0 and USDA's Standard of Conduct in 7 C.F.R. Part 0 Subpart B.
  4. The Controlling Participant is not a participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification have not been filed with HUD or FmHA.
  5. The Controlling Participant has not been found by HUD or FmHA to be in noncompliance with any applicable fair housing and civil rights requirements in 24 CFR 5.105 (a).
  6. The Controlling Participant is not a member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America.

Statements above (if any) to which the Controlling Participant cannot certify have been deleted by striking through the words. An authorized representative of the Controlling Participant has initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances.

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**Part IX. Fair Housing; Title VI of the Civil Rights Act of 1964 (et al)**

The Borrower certifies that neither the Borrower nor any of its Principals or affiliates has an outstanding violation of the Fair Housing Act, 42 U.S.C. 3601 et seq., that is not the subject of a remedial order or agreement.

The Borrower further certifies that the Borrower, and each person or entity authorized to act for the Borrower, shall comply with the provisions of the **Fair Housing Act, and Executive Order 11063; Title VI of the Civil Right Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended, and, where applicable, Section 3 of the Housing and Urban Development Act of 1968.** Neither the Borrower, nor any person or entity authorized to act for the Borrower, shall in the rental, lease or sale; in the provision of services or any other manner discriminate against any person on the grounds of race, color, religion, sex, national origin, disability or familial status.

Without limiting the generality of the foregoing, the Borrower HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended and all requirements imposed by or pursuant to the Regulations of HUD (24 CFR, Subtitle A, Part 1) issued pursuant to that Title, to the end that, in accordance with Title VI of the Act and said

Regulations, no person in the United States shall, on the grounds of race, color, , or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Borrower receives federal financial assistance from HUD, and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Borrower by HUD, this assurance shall obligate the Borrower, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision or similar services or benefits. If any personal property is so provided, this assurance shall obligate the Borrower for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Borrower for the period during which the federal financial assistance is extended to it by HUD.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal loans, advances, grants, properties, contracts or other federal financial assistance extended after the date hereof to the Borrower by HUD, including installment payments after such date on account of applications for federal financial assistance which were approved before such date. The Borrower recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Borrower, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Borrower.

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#### **Part X. Low Income Housing Tax Credit Participation**

The Borrower certifies that neither the Borrower nor any other representative of the Project currently intends to participate in a low income housing tax credit program with respect to this Project.

If plans change and the project will participate in a tax credit program, a representative of the Borrower will notify the Lender, in writing, immediately following the decision to participate.

The Borrower certifies that the Borrower or any other representative of the Project currently intends to participate in a low income housing tax credit program with respect to this Project.

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#### **Part XI. Accounts Receivable Financing**

Borrower certifies that neither the Borrower nor any other representative of the project currently intends to use accounts receivable financing with respect to this project. If plans change and the project intends to use accounts receivable financing with respect to this project, a representative of the Borrower will notify the Lender, in writing, immediately following the decision to participate. If use of accounts receivable financing is

contemplated after the note is endorsed, Borrower will obtain written approval from HUD and Lender prior to entering into accounts receivable financing agreements.

- Accounts receivable financing will be used by Borrower or other representative of the project as explained in written application materials.

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## **Part XII. Certain HUD Mortgage Insurance Program Requirements**

The Borrower acknowledges the following requirements of the HUD mortgage insurance program:

1. The Borrower is, or must be by closing, a single asset entity whose sole purpose is to own the project.
2. “Founder’s fees,” “admission fees,” or similar types of payments are prohibited.
3. An annual audit is required and must be filed electronically or as otherwise directed by HUD.
4. Monthly accounting reports from both the Borrower and Operator (Lessee), if applicable, will be required for the first 12-months of the loan in a format approved by the Commissioner.
5. Surplus cash and Residual Receipts may only be distributed in accordance with HUD requirements and the provisions set forth in the Healthcare Regulatory Agreement – Borrower (HUD-92466-ORCF).
6. All project accounts comprised of Medicaid, Medicare, private pay, or commercial insurance receivables for the facility will be subject to a Deposit Account Control Agreement (DACA) and/or Deposit Account Instructions Service Agreement (DAISA).
7. Professional liability insurance coverage must be maintained at a level and by an insurer acceptable to HUD.
8. Security deposits must be maintained in a separate account, apart from all other funds, in the name of the project, and labeled as a security deposit account.
9. Side deals between the contractor and the Borrower are prohibited, if applicable.
10. Offsite construction costs are not mortgageable items but must be disclosed and are also subject to separate escrow requirements, if applicable.
11. Demolition costs for entire onsite buildings are not mortgageable items; however, partial demolition within the walls of an existing building can be included in the proposed mortgage, if applicable.
12. The Borrower is required to submit a cost certification prepared by an independent public accountant upon completion of construction, if applicable.
13. Starting construction prior to closing without HUD’s approval will make the project ineligible for financing.

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**Part XIII. Certification of Multiple Projects for Section 232**

With regard to mortgage insurance under HUD’s Section 232 program, the Borrower certifies that within the last and next 18 months, the Borrower (with the exception of this application):

- HAS
- HAS NOT

applied or INTENDS to apply for FHA mortgage insurance for: the purchase, refinance, new construction or substantial rehabilitation of any facilities listed on Attachment 3 or otherwise; or requests for the transfer of physical assets or change in control of operator for any existing FHA insured facilities.

**Other 232 Applications - Common Control:** Note that common control is exhibited by any individual(s) or entity(ies) that controls the Borrower and/or operator regardless of the percentage of ownership interest, so long as the individual(s) or entity(ies) comprise each Borrower and/or operator. Affiliated residential care facilities and/or healthcare operating entities will be grouped into a portfolio if they share common control as defined here.

**Warning:** HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

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**Part XIV. Signatures**

The Borrower has read and agrees to comply with the provisions of the above certifications for the purpose of obtaining mortgage insurance under the National Housing Act.

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 agreement. 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.

The individual signing below on behalf of the Borrower certifies that he/she is an authorized representative of the Borrower and has sufficient knowledge to make these certifications on behalf of the Borrower.

Executed this <<enter date>> day of <<enter month>>, <<enter year>>.

**Borrower Name:** <<enter Borrower's name here>>

By

:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
<<enter name and title of authorized representative here>>  
(Printed Name & Title)

**Attachments:**

- Attachment 1 Organizational Chart in compliance with Housing Notice 16-15 (required)
- Attachment 2 to Consolidated Certifications: Other Parties (required)
- Attachment 3 to Consolidated Certifications – Borrower: Schedule of Previous Participation in HUD Insured & Other Government Agency Projects/Facilities (as applicable)
- Attachment 4 to Consolidated Certifications – Borrower: Section 223(d) Certifications (as applicable)

**Attachment 1: Organizational Chart in compliance with Housing Notice 16-15 (required)  
Organization Chart to <<name of project here>> Consolidated Certifications:**

**Attachment 2 to <<name of project here>> Consolidated Certifications:**

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**Other Parties**

**Appraisal**

**Firm/Appraiser:** if applicable

<<name of appraisal firm and appraiser here {or} N/A if not applicable>>

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**Market Study Firm:** if applicable

<<name of market study firm here {or} N/A if not applicable>>

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**Environmental**

**Firm:** if applicable

<<name of environmental firm here {or} N/A if not applicable>>

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**PCNA Firm:** if applicable

<<name of PCNA firm here {or} N/A if not applicable>>

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**A&E Review Firm:** if applicable

<<name of A&E review firm here {or} N/A if not applicable>>

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**Cost Review Firm:** if applicable

<<name of cost review firm here {or} N/A if not applicable>>

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**General Contractor:** if applicable

<<name of contractor here {or} N/A if not applicable>>

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**Design Architect:** if applicable

<<name of design architect here {or} N/A if not applicable>>

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**Supervisory Architect:** if applicable

<<name of supervisory architect here {or} N/A if not applicable>>

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**Seller:** if applicable

<<name of seller here {or} N/A if not applicable>>

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**Audit Firm:** if applicable

<<name of audit firm here {or} N/A if not applicable>>

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**AR Lender:** if applicable

<<name of AR Lender here {or} N/A if not applicable>>

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**Secondary**

**Financing Lender:** if applicable

<<name of Secondary Financing Lender here {or} N/A if not applicable>>

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**Attachment 3 to Consolidated Certifications – Borrower:  
Schedule of Previous Participation in HUD Insured & Other Government Agency  
Projects/Facilities**

Facility (name, location)	Roles in Project/Facility	Loan Status
<b>Name of Facility</b> City, State	Role in Project/Facility (describe):  Dates Participated in Project/Facility to  Healthcare Facility YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> HUD      FHA Number:  <input type="checkbox"/> Gov't Agency Financing other than HUD (indicate):  <u>Loan Status during participation:</u> <input type="checkbox"/> Current <input type="checkbox"/> Default Assignment <input type="checkbox"/> Foreclosed
<b>Name of Facility</b> City, State	Role in Project/Facility (describe):  Dates Participated in Project/Facility to  Healthcare Facility YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> HUD      FHA Number:  <input type="checkbox"/> Gov't Agency Financing other than HUD (indicate):  <u>Loan Status during participation:</u> <input type="checkbox"/> Current <input type="checkbox"/> Default Assignment <input type="checkbox"/> Foreclosed
<b>Name of Facility</b> City, State	Role in Project/Facility (describe):  Dates Participated in Project/Facility to  Healthcare Facility YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> HUD      FHA Number: <input type="checkbox"/> Gov't Agency Financing other than HUD (indicate):  <u>Loan Status during participation:</u> <input type="checkbox"/> Current <input type="checkbox"/> Default Assignment <input type="checkbox"/> Foreclosed
<b>Name of Facility</b> City, State	Role in Project/Facility (describe):  Dates Participated in Project/Facility to  Healthcare Facility YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> HUD      FHA Number: <input type="checkbox"/> Gov't Agency Financing other than HUD (indicate):  <u>Loan Status during participation:</u> <input type="checkbox"/> Current <input type="checkbox"/> Default Assignment <input type="checkbox"/> Foreclosed
Reportable participation is as follows: (1) a general partner or managing member, regardless of interest; (2) a limited partner or member of an LLC with 25% or more interest; (3) a stockholder with 10% or more interest in a corporation; and/or (3) corporate officers, regardless of interest  <<add instructions here, if applicable>>		

**Additional pages attached.**

#### **Attachment 4 to Consolidated Certification – Borrower: Section 223(d) Certifications**

The Borrower certifies that to the best of its knowledge and belief that:

1. The undersigned Borrower owned the facility during the loss period.
2. All funds in the operating deficit escrow required by the original HUD-insured loan have been disbursed.
3. All cost certification requirements of the original HUD-insured loan have been satisfied.
4. The cost certification cutoff date was <<insert cost certification cutoff date here>>.
5. The facility has attained a sustaining occupancy that can meet the debt service obligations of the combined HUD-insured mortgages (including the proposed operating loss supplemental loan).
6. The facility does NOT receive Section 8 rental assistance.
7. Mortgages insured under Section 232 pursuant to Section 223(f) of the National Housing Act are not eligible for a Section 223(d) operating loss loan.
8. The existing FHA-insured loan must be current; cannot be FHA-Held; and must have final endorsement for a Section 223(d) operating loss loan.
9. The loss period cannot exceed 2-years. The loss must have occurred within a 24 consecutive month period for a Section 223(d) operating loss loan.
10. HUD and the Lender must determine that the competence and responsibility of the Management Agent and/or Operator is satisfactory for a Section 223(d) operating loss loan.
11. Only one Section 223(d)(2) supplemental loan and one Section 223(d)(3) loan can be made on each project.
12. The supplemental loan and the existing FHA-insured mortgage will be coterminous for a Section 223(d) operating loss loan.