

**Financial Statement  
Certification-General  
Contractor  
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 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:** 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.

**Financial Statement Certification**

For use on General Contractor Financial Statements on Section 232 Projects

Project: Project name  
FHA Project Number:

I, the undersigned, HEREBY CERTIFY that the figures and statements attached hereto submitted by me as General Contractor for Project Name for the purpose of assisting [insert name of borrower] in obtaining mortgage insurance under Section 232 of the National Housing Act are true and give a correct showing of Entity Name financial position as of date of the financial statement.

This instrument has been made, presented, and delivered for the purpose of influencing an official action of HUD in insuring a loan to [insert name of borrower], and may be relied upon by HUD as a true statement of the facts contained herein.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
(Printed Name & Title)