

**Building Code  
Certification**  
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.

**INFORMATION TO BE PROVIDED BY LENDER WHICH MUST BE INCLUDED IN  
THE CERTIFICATION:**

Name of Project/Facility: \_\_\_\_\_

Project/Facility Type<sup>1</sup>:  Skilled Nursing  Assisted Living  Board and Care  
 Other, Specify \_\_\_\_\_

Location:

\_\_\_\_\_  
\_\_\_\_\_  
Street Address City State Zip  
Code

Tax Map Key: \_\_\_\_\_

Year Built: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_

Number of Beds: \_\_\_\_\_ OR Number of Units: \_\_\_\_\_

[Space intentionally left blank]

<sup>1</sup> As defined in Section 232 of the National Housing Act.

---

**INFORMATION TO BE COMPLETED BY GOVERNMENTAL AUTHORITY:**

To: Secretary of Housing and Urban Development

\_\_\_\_\_ [Lender]

We confirm our records show the captioned project/facility was built in accordance with the building codes applicable at the time of construction.

In addition, there are:

No current building or housing code violations on record or known;

OR

Current building or housing code violations on record or known (identify the violation, remedy and status in space below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This certification is made, presented and delivered in connection with Lender's application for mortgage insurance under the National Housing Act and to influence an official action of HUD, and may be relied upon by HUD as a true statement of the facts contained herein.

**(Certification must be signed by a person with supervisory responsibility)**

Governing Authority: \_\_\_\_\_  
By: \_\_\_\_\_  
Name and Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

---

An inspection of the Property is not required.

The intent of this certification is to notify HUD that the applicable building authority is not aware of any building or housing code violations with respect to the Property. If any violations exist, the governing authority should specify the violation and the remedial action required.