

**Request for Waiver of  
Housing Directive**

**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(s). 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.

<b>OHP Waiver Control Number:</b>		<b>OHP &lt;&lt;Waiver number&gt;&gt;</b>
<i>(completed when signed HUD-2-ORCF is uploaded to SharePoint)</i>		
<b>This section to be completed by Lender</b>		
1. FHA Number, Project Name & Location:	<<FHA Number Here>> <<Project Name here>> <<Project location (city & state)>>	
2. Waiver Requested By:	<<Name>> <<Entity>>	
3. Relief Sought:	<<Describe relief sought (e.g., Waive the xxx)>> <<Provide directive name/number (e.g., 24 CFR xxx.xxx; Notice Hxx-xx; Section 232 Handbook 4232.1, Section x, Production Chapter x.x, etc.)>>	
4. Justification:	<<Explain>>	
<b>This section to be completed by ORCF Reviewer</b>		
5. Did a check of SharePoint indicate prior approval of a similar waiver?  <input type="checkbox"/> Yes <i>(Section #6 below is not required)</i> <input type="checkbox"/> No <i>(Section #6 is required)</i>	If previously approved, list OHP Waiver Control Number: OHP <<Most recent waiver number>>  <<Include reference to original OGC approved waiver>>	
6. <u>Counsel Determination:</u> The waiver proposal <input type="checkbox"/> does not conflict <input type="checkbox"/> conflicts with statutory or regulatory provisions (comments or statutory/regulatory provision): <<Comments here>>		

Counsel Name & Signature: <<Type name here>>		Date:
7. ORCF reviewer's name & recommendation: <<Reviewer's name>>  <<Recommendation>>		
<input type="checkbox"/> Granted <input type="checkbox"/> Not Granted	Authorized ORCF Signatory:  <<Type name here>>	Date:
8. ORCF Decision Comments:		