

**Contact Sheet**  
Section 232

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

OMB Approval No. 2502-0605  
(exp. 06/30/2022)

**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.

**For Use in all Section 232 Projects**

**Project Name:** \_\_\_\_\_  
**New FHA** \_\_\_\_\_ **Old FHA** \_\_\_\_\_  
**Project Number:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_  
(if applicable)

**Project**  
**Site Address:** \_\_\_\_\_  
\_\_\_\_\_

**CMS\* Provider Number:(if applicable)** \_\_\_\_\_  
\*Center for Medicaid and Medicare Services

**Contact for ORCF\* Appraiser/Inspector to Coordinate On-Site Visits and Repair Inspections:**  
\*Office of Residential Care Facilities

**Contact Name/Title:** \_\_\_\_\_  
**Site Contact Phone:** \_\_\_\_\_  
**Contact Email** \_\_\_\_\_

**Site Contact** (i.e. Administrator, Manager if different than above)

**Contact Name/Title:** \_\_\_\_\_  
**Site Contact Address:** \_\_\_\_\_  
**Site Contact Phone:** \_\_\_\_\_  
**Contact Email:** \_\_\_\_\_

**Lender**

Firm Name: \_\_\_\_\_  
Mortgagee No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Underwriter Contact \_\_\_\_\_  
Underwriter Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Servicing Lender**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Lender's Counsel**

Firm Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Lender's Closing Contact** (Point of Contact for closing coordination)

Firm Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Borrower**

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Annual FYE Date: \_\_\_\_\_  
EIN: (Employee ID Number) \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Borrower's Counsel**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Email: \_\_\_\_\_

**Operator (Lessee) (if applicable)**

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Annual FYE Date: \_\_\_\_\_  
EIN: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Master Tenant (if applicable)**

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
EIN: \_\_\_\_\_

**Management Agent (if applicable)**

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Annual FYE Date: \_\_\_\_\_  
EIN: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Title Company**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Bonding Company (if applicable)**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**General Contractor (if applicable)**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Design Architect (if applicable)**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Supervisory Architect (if applicable)**

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Participants**

(Include Accounts Receivable Lender, if applicable)

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Add additional sheets as needed*