

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