

**Lender's Certification –
Insurance Coverage
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 0.25 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation that 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.

FHA Project No.: XXX-XXXXX
Project Name: Project Name
Project Address: Project Street Address
Project City, State, Zip

The undersigned hereby certifies that:

1. Lender has reviewed the Borrower's/project's insurance in accordance with HUD program requirements, as described in Chapter 14 of Handbook 4232.1 [and as specified by any special conditions related to insurance requirements in the Firm Commitment and any approved waivers related to the insurance.
2. The project sufficiently demonstrates that the existing insurance coverages meet HUD's requirements and that the risk issues are sufficiently addressed.
3. No modifications to the current or proposed coverage are recommended.

This certification is made, presented and delivered to influence an official action of HUD, and may be relied upon by HUD as a true statement of the facts contained herein.

Executed this day of , 20 .

Lender Name

By: _____
Signature

(Printed Name & Title)