

**Healthcare Portal  
Access Form  
Section 232**

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

OMB Approval No. 2502-0605  
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**Public reporting** burden for this collection of information is estimated to average 0.5 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>SECTION 1a: Access Status</b>  |                   |
|---|-------------------|
| <input type="checkbox"/> Create New<br><input type="checkbox"/> Change Existing<br><input type="checkbox"/> Delete  |                   |
| <b>SECTION 1b: Access Type</b>  |                   |
| <input type="checkbox"/> Lender Account Manager<br><input type="checkbox"/> Backup Account Manager  |                   |
| <b>SECTION 2: User Information</b>  |                   |
| Last Name:  | First Name:       |
| E-mail Address:   | Telephone Number: |
| Time Zone:<br><input type="text"/>  |                   |
| Office Address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><div style="display: flex; justify-content: space-around; font-size: small;"><span>Street</span><span>City</span><span>State</span><span>Zip Code</span></div> |                   |
| Status: <input type="checkbox"/> Lender <input type="checkbox"/> HUD Employee <input type="checkbox"/> Other (Please explain)<br><div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>   |                   |
| <b>SECTION 3: Servicer's Name</b>   |                   |
| Name: <input type="text"/>  |                   |

#### SECTION 4: Acceptable Use and Password Policy Acceptance

☐

Password Policy has been reviewed and accepted

[see – Password Policy in the 232 HUD Healthcare Portal Instructional Manual]

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Acceptable Use Policy has been reviewed and accepted

[see – Acceptable Use Policy in the 232 HUD Healthcare Portal Instructional Manual]

#### SECTION 5: Authorized Signatures

User Signature:

Print

Signature

Date

Authorizer Signature:

Print

Signature

Date

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

*For official use only:*

Requester's Username:

Access completed by:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes:

## Instructions for Completing the HUD Healthcare Access Form:

### Section 1a: Access Status

Select the functions (Create, Change, or Delete) which reflect the status of which the user requests. NOTE: The delete function will eliminate all access to the HHcP.

### Section 1b: Access Type

Select the type of access of which the user requests (LAM – Lender Account Manager – an individual who has access to the entire Lender portfolio and who may grant others access accordingly, BAM – Backup Account Manager – an individual who has access to the entire Lender portfolio as a backup to the LAM, and who may grant others access accordingly.

### Section 2: User Information

The following are required fields. PLEASE complete them all.

|                         |  |
|-------------------------|--|
| <b>Last Name</b>        | Please PRINT the user's Last name.   |
| <b>First Name</b>       | Please PRINT the user's First Name.  |
| <b>E-mail Address</b>   | Please include your Brown box number.  |
| <b>Telephone Number</b> | Please PRINT your telephone number, including the area code.   |
| <b>Time Zone</b>        | Please select your time zone.  |
| <b>Office Address</b>   | Please provide your office address, to include the street, city, state and zip code.                   |
| <b>Status</b>           | Please select your current status, if it's "Other", please provide a brief explanation of your status. |

### Section 3: Lender's Information

The following are required fields. PLEASE complete them all.

|             |   |
|-------------|---|
| <b>Name</b> | Please PRINT the name of the Servicer you are representing. |
|-------------|---|

### Section 4: Policy Acceptance

All approved individuals who use the HHcP are obligated to be familiar with those policies regulating their access and use. This is especially true for those handling sensitive and/or confidential information. Indicate in the provided spaces that you have reviewed and agree to the listed policies located in the HHcP Instructional Manual.

### Section 5: Authorized Signatures

All individuals requesting access to this account as a LAM or BAM must print, sign and date the form and obtain the signature of the Authorized Lender Representative, prior to receiving access to the HHcP.

### Questions?

If you have questions about filling out this form, direct them to HHcP@hud.gov.