

**Memo Requesting Post-Commitment Early Start of Construction**  
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 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.

Project Name:

FHA Project Number:

Project Address:

Project County:

Mortgage Amount:

Number of Dwelling Units:

Number of Buildings:

Number and Type of Accessory Structures:

Foundation System (Slab on Grade, Crawl Space, Basement, etc):

Structural System (Wood Frame, Steel, Concrete, etc.):

Proposed Initial Closing Date:

Proposed Start of Construction Date:

Scheduled Construction Period:            months

- |                           |   |                       |  |
|---------------------------|---|-----------------------|--|
| <b>Construction Type:</b> | <input type="checkbox"/> New Construction | <b>Facility Type:</b> | <input type="checkbox"/> Assisted Living Facility/<br>Memory Care                              |
|                           | <input type="checkbox"/> Sub Rehab        |                       | <input type="checkbox"/> Skilled Nursing Facility  |
|                           | <input type="checkbox"/> 241a             |                       | <input type="checkbox"/> Skilled Nursing Facility/<br>Assisted Living Facility/<br>Memory Care |

Project Owner:

Contact Person:

Phone Number:

Design Architect:

Contact Person:

Phone Number:

Supervisory Architect:

Contact Person:

Phone Number:

General Contractor:

Contact Person:  
Phone Number:

**Below are pertinent details on the project related to Davis Bacon Wages:**

Wage Decision Type:  Residential  Building (Commercial)  N/A

Wage Decision Number: Mod #:

Wage Decision Modification Date:

# of Buildings: # of Units:

# of Stories: # of self-contained units:

Self-contained means that the units contain both a kitchen/kitchenette and a bathroom. This criterion, in addition to the number of stories, and project type, affects whether the construction type will be “residential” or “building.”

**Lender’s Pre-Construction Conference Coordinator Information:**

Name:

Email: Phone:

Mailing Address:

**Justification showing good cause for commencing construction prior to Initial Endorsement:**

**Description of the Scope of Work to be completed prior to Initial Endorsement:**