

**Certification of
Outstanding Obligations**
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.

Borrower: Borrower Name
Project: Project Name
FHA Number: FHA Project Number
Project Location: Project City, State

I, the undersigned, HEREBY CERTIFY that to the best of my knowledge and belief, the following list identifies all outstanding obligations of the Borrower and the property:

Lender / Oblige (name, address)	Balance (\$)	Other Information	
Lender Name Address Line 1 Address Line 2		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
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		<input type="checkbox"/> Secured <input type="checkbox"/>	Loan #:

		Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
Lender Name Address Line 1 Address Line 2		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
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		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:

Additional pages attached.

Signature.

The individual signing below on behalf of the Borrower certifies that he/she is an authorized representative of the Borrower and has sufficient knowledge to make this certification on behalf of the Borrower. Signatory hereby certifies that the statements and representations contained in this instrument and all supporting documentation thereto are true, accurate, and complete and that each signatory has read and understands the terms of this instrument. This instrument has been made, presented, and delivered for the purpose of influencing an official action of HUD in insuring the Loan, and may be relied upon by HUD as a true statement of the facts contained therein.

Executed this _____ day of _____, 20_____.

By: _____

Name: _____

Title: _____