

Contractor's Requisition
Project Mortgages
Section 242

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

OMB Approval No. 2502-0602
(Exp. 11/30/2022)

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information requested is required in order to receive the benefits to be derived. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, Attention: Departmental Clearance Officer, 451 7th Street SW. Room, Washington, DC 20410 or email Hospitals@hud.gov. HUD collects this information, pursuant to Section 242 of the National Housing Act and regulations at 24 CFR Part 242, in order to review Section 242 applications to determine eligibility, underwrite insured hospital loans, ensure adequate collateral, process initial/final endorsement, manage FHA's hospital portfolio, monitor and manage risk, and ensure ongoing compliance with regulations. No confidentiality is assured.

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.

To (Borrower)		Requisition Number	
Project Name	FHA Project Number	Location	

In accordance with the provision of the Construction Contract or Construction Manager Agreement, dated _____, this requisition is submitted for the amount of \$_____ due for work performed up to _____ (date).

ITEMS	AMOUNTS REQUESTED	HUD APPROVED AMOUNT
1. Total Work Completed	\$	\$
2. Less Retained 10% (After Completion of at Least 50% of Construction, amended as per contract with written Approval of Borrower, HUD and the Surety).	\$	\$
3. Balance: Total Amount Due to Date on Account of Construction Contract.	\$	\$
4. Less: Previous Payments from Mortgage Proceeds and/or Borrower's Escrow	\$	\$
5. Net Amount Due on this Requisition	\$	\$
5a. Amount of Line 5 to be paid from Construction Budget Line C1	\$	\$
5b. Amount of Line 5 to be paid from Owner's Contingency Line C7	\$	\$
5c. Amount of Line 5 to be Paid from Cash Equity or Other Source	\$	\$
5d. Amount of Line 5 to be paid by Other Source (Specify)		

Contractor's Certification

I certify that the Work covered by this requisition has been completed in accordance with the Contract Documents, and that I have actually received \$_____ for Work performed and materials purchased up to _____ (date of previous requisition).

Signature of Contractor/Construction Manager	
Printed Name	Date (mm/dd/yyyy)

Borrower's Architect Certification

I certify, based on my on-site observations (or those of my authorized representative) and the data comprising this requisition, that the Work has progressed to the point indicated: that to the best of my knowledge, information and belief the Work is in accordance with the Contract Documents; and that the Contractor is entitled to payment of the amount certified.

Signature of Borrower's Architect	
Printed Name	Date (mm/dd/yyyy)

TO BE COMPLETED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	
HUD Office of Architecture and Engineering Recommendation: (check one)	
[<input type="checkbox"/>] Amount Modified [<input type="checkbox"/>] No Modification If Modified, note amount and reason for Modification:	
Name of Architect/Engineer:	
Signature:	Date (mm/dd/yyyy)
HUD Approval: (fill in amount)	
Net Amount Approved For Payment From Mortgage Proceeds and/or Cash Equity: \$ _____	
Authorizing Agent for HUD:	
Signature:	Date (mm/dd/yyyy)

Contractor's Prevailing Wage Certification (if applicable)

To	Date	Requisition No.
Project Name	Location	FHA Project Number

The undersigned, as principal contractor in connection with the construction of the above project, states that they are fully familiar with applicable wage determination decision of the Secretary of Labor and certifies that:

- a. A copy of the applicable wage determination decision is posted in a conspicuous place at the site of the work and they have required each subcontractor as a part of their contract, to agree to pay wages at rates not less than those contained in the decision.
- b. All laborers and mechanics employed in the construction of the project have been, to the date hereof, paid for such employment at wage rates not less than those contained in the applicable wage determination decision of the Secretary of Labor and no deductions or rebates have been made, either directly or indirectly, from the full weekly wages earned by any person, other than permissible deductions as defined in Regulations of the Secretary of Labor, Part 3 (29 CFR Part 3).
- c. They have fulfilled their obligation, to the date hereof, under The Labor Standards Provisions of the Supplementary Conditions of the Contract for Construction and has included said conditions in all subcontracts.

This certification is executed by the undersigned for the purpose of inducing HUD to approve for insurance that certain mortgage loan, or an advance thereof, made or to be made by the borrower in connection with the construction of the project, and with the intent that HUD rely upon this certification to establish compliance with the provisions of Section 242.55 of the National Housing Act.

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

Signature of Contractor/Construction Manager	
Printed Name	Date (mm/dd/yyyy)