

**Lender's Certification in
Support of Request for
Interest Rate Reduction
Section 242**

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

OMB Approval No. 2502-0602
(exp. XX/XX/XXXX)

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 0.5 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.

Borrower Name:
Project Address:
FHA Number:
Lender Name:

[*Lender name*], a [*type of entity*] organized and existing under the laws of [*state*], ("Lender") (also referred to as a mortgagee in Program Obligations), executes this Lender's Certification (this "Certificate") to and for the benefit of the U.S. Department of Housing and Urban Development (HUD) as of [*date*].

Lender hereby certifies to HUD as follows:

1. Lender is the holder of that certain [*title of mortgage*] ("Security Instrument"), dated as of [*date of Mortgage/Security Instrument*], given by [*name of Borrower*] ("Borrower") (also referred to as a mortgagor in Program Obligations) for the benefit of Lender or Lender's predecessor in interest, securing the repayment of a loan by Lender to Borrower evidenced by a promissory note ("Loan").
2. The Loan will be modified upon receipt of a HUD approval letter to reduce the interest rate and extend the prepayment terms.
3. Notwithstanding any modification to the Loan and any recording of documents modifying the Security Instrument, the Security Instrument will continue to constitute a valid perfected first lien on the property mortgaged therein.
4. All appropriate Uniform Commercial Code ("UCC") financing statements, and any other documents or means required by state and local law, have been properly and timely filed as necessary and Lender holds a perfected first lien security interest under the UCC on any UCC collateral covered by the Security Instrument.
5. Lender shall maintain a perfected first lien position in the property mortgaged and UCC collateral covered by the Security Instrument for the life of the Loan.
6. No act or omission of the Lender has or will impair the validity or priority of the Security Instrument.

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7. Lender shall furnish a complete copy of this Certificate to any successors and assigns of Lender and agrees that, in any contract for sale or assignment of the Security Instrument to a successor Lender (for purposes of servicing the Loan only), the successor Lender shall be bound by the certifications herein.

This Certification has been made, presented, and delivered for the purpose of influencing an official action of the FHA, and of the Commissioner, and may be relied upon by the Commissioner as a true statement of the facts contained therein.

The individual signing below on behalf of the Lender certifies that they are an authorized representative of the Lender, and has sufficient knowledge to make these certifications on behalf of the Lender.

Executed this _____ day of _____, _____.

Lender Name: _____

By

Signature

(Printed Name & Title of Authorized Representative)