**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 **15 minutes** 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. 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.

# RELEASE OF REGULATORY AGREEMENT

[Insert Full Title of Regulatory Agreement exactly as it appears]

 KNOW ALL MEN BY THESE PRESENTS, That,

 I, the United States Secretary of Housing and Urban Development, do hereby certify that certain Regulatory Agreement [Insert Title of Regulatory Agreement exactly as it appears], more particularly described herein below, is cancelled and I do hereby release and discharge the same. The aforesaid Regulatory Agreement being described as follows:

 REGULATORY AGREEMENT

DATE: [Insert Date Agreement was entered into]

 BORROWER: [Insert Full Name of BORROWER, State of Organization and Business Organization type as stated in the Regulatory Agreement]

INSURER: United States Secretary of Housing and Urban Development, their successors and assigns [insert exactly how it appears]

 RECORDED: [Insert Date Recorded], as [Insert recording reference (Instrument/Document/File No. [Insert No:], Book/Vol. [Insert No.], Page [Insert No.])], in the [Insert recording office information] [Insert applicable County, State of recording]

 NOTHING herein shall constitute a release or waiver of any claims or causes of action, known or unknown, that the Secretary may have against the Borrower or any other person or entity for violations of the Regulatory Agreement, which took place prior to the execution of this document.

Page [ ] of [ ]

 IN WITNESS WHEREOF, the Secretary has caused this Instrument to be executed and delivered under seal by its duly authorized agent as of the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

WITNESS: SECRETARY OF HOUSING AND

 URBAN DEVELOPMENT

 By:

 Authorized Agent

 ­­(Print) Name:

 Title:

DISTRICT OF COLUMBIA: ss

 Before me, the undersigned, a Notary Public in and for said District of Columbia, on this \_\_\_ day of \_\_\_\_\_\_, 20\_\_, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an Authorized Agent of the Secretary of Housing and Urban Development, and the person who executed the foregoing instrument by virtue of the authority vested in them, and I having first made known to the Authorized Agent the contents thereof, they did acknowledge the signing thereof to be a free and voluntary act and deed as an Authorized Agent for and on behalf of the Secretary of Housing and Urban Development for the uses, purposes and considerations therein set forth.

 Witness my hand and official seal this \_\_\_ day of \_\_\_\_\_\_, 20\_\_.

(SEAL)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public, District of Columbia

My Commission Expires:

This instrument drafted by:
[Insert Attorney Information]