

**Public reporting burden** for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information is being collected to obtain the supportive documentation that 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. Response to this request for information is required in order to receive the benefits to be derived from the National Housing Act Section 232 Healthcare Facility Insurance Program. 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. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

**Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Data must be provided for every field.

**Application General Information**

Project Name	<input type="text"/>	Borrower Type	<input type="text"/>
Type of Project	<input type="text"/>	Loan Amount	<input type="text"/>
Current FHA Project #	<input type="text"/>	Permanent Interest Rate	<input type="text"/>
Type of Current Loan (if 223a7)	<input type="text"/>		
Type of Activity (if 223f)	<input type="text"/>		
Type of Mortgage Insurance	<input type="text"/>		
Project Street Address	<input type="text"/>	Congressional District	<input type="text"/>
Project City	<input type="text"/>	Project Zip Code	<input type="text"/>
Project State	<input type="text"/>	Lender ID #	<input type="text"/>
Lender Name	<input type="text"/>		
Lender Contact Name	<input type="text"/>		
Lender Contact Email	<input type="text"/>		
Lender Contact Phone	<input type="text"/>		

**Project Characteristics**

# of Nursing Home (SNF)	<input type="text"/>	Beds	LIHTC	<input type="text"/>
# of Intermediate Care	<input type="text"/>	Beds	Tax-Exempt Bonds	<input type="text"/>
# of Assisted Living (ALF)	<input type="text"/>	Units	HOME	<input type="text"/>
# of Memory Care	<input type="text"/>	Beds	CDBG	<input type="text"/>
# of Board & Care	<input type="text"/>	Units	Other	<input type="text"/>
# of Independent	<input type="text"/>	Units		
# of Other Type Facility	<input type="text"/>	Beds		

*(Check as applicable)*

**Projects with Common Control (whether part of a Small, Mid/Size or Large Portfolio)\***

Mid/Large size portfolio?		<i>(Requires HUD HQ Review)</i>
Small size portfolio?		
Master lease proposed?		

Portfolio Name	
Portfolio Number	
Identify Projects with Common Control by FHA#	

\* Follow existing Office of Residential Care Facilities (ORCF) Guidance related to what constitutes projects with common control (whether a Small, Mid/ Size, or Large portfolio). It is important to identify related projects so HUD can employ economies of scale in OGC and underwriting reviews.