

**Personal Financial and Credit
Statement
Section 232**

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

OMB Approval No. 2502-0605
(exp. 11/30/2022)

Public reporting burden for this collection of information is estimated to average 3.5 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).

Privacy Act Statement: The Department of Housing and Urban Development, Federal Housing Administration, is authorized to collect the information requested in this form by virtue of: The National Housing Act, 12 USC 1701 et seq. and the regulations at 24 CFR 5.212 and 24 CFR 200.6; and the Housing and Community Development Act of 1987, 42 USC 3543(a). The information requested is used to review applications within HUD. No information will be disclosed outside of HUD. The information requested is mandatory to receive the mortgage insurance benefits to be derived from the National Housing Act Section 232 Healthcare Facility Insurance Program. No applications will be reviewed or approved without the necessary information requested. No confidentiality is assured.

Project Name:	FHA Project Number:
Project Location:	Name & Address of Person(s) making this Statement:
	Date Prepared:
	Date of Statement:

Assets			Liabilities and Net Worth		
Cash on hand in banks Name of depository	Balance	Total	Accounts Payable		\$
	\$		Notes Payable		\$
Depository and Account No. – Restricted	\$		Debts payable in less than one year (secured by mortgages on land and buildings)		\$
Depository and Account No. – Unrestricted	\$		Debts payable in less than one year (secured by chattel mortgages or other liens on assets)		\$
Accounts Receivable	\$		Other current liabilities: (describe)		
Less: Doubtful Accounts		\$		\$	
Notes Receivable	\$			\$	
Less: Doubtful Notes		\$		\$	
Stocks and Bonds - Market Value (Schedule A - reverse side)		\$		\$	\$
Other Current Assets: (describe)			Total Current Liabilities:		\$
	\$		Debts payable in more than one year (secured by mortgages on land and buildings)		\$
	\$		Debts payable in more than one year (secured by chattel mortgages or other liens on assets)		\$
Total Current Assets		\$	Other liabilities (describe)		
Real Property — at net (cost including improvements less depreciation) (Schedule B — reverse side)		\$		\$	
Machinery Equipment and Fixtures — at net		\$		\$	
Life Insurance (Cash value less loans)		\$		\$	
Other Assets (describe)				\$	\$

	\$		Total Liabilities	\$
		\$	Net Worth	\$
Total Assets		\$	Total Liabilities and Net Worth	\$

Accounts and Notes Receivable Partner (P) Employee (E) Relative (R) or other (O)*

Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount \$
Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount \$
Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount \$
Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount \$
Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount \$

Life Insurance	Face Value	Beneficiary
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Delinquencies (starting with Federal Indebtedness)

Type Liability	Amount \$	Circumstances
Type Liability	Amount \$	Circumstances
Type Liability	Amount \$	Circumstances
Type Liability	Amount \$	Circumstances
Type Liability	Amount \$	Circumstances

Accounts and Notes Payable Partner (P) Employee (E) Relative (R) or other (O)*

Name (Indicate also P,E,R or O)*	Address	Amount \$	Maturity Date
Name (Indicate also P,E,R or O)*	Address	Amount \$	Maturity Date
Name (Indicate also P,E,R or O)*	Address	Amount \$	Maturity Date
Name (Indicate also P,E,R or O)*	Address	Amount \$	Maturity Date
Name (Indicate also P,E,R or O)*	Address	Amount \$	Maturity Date

Pledged Assets

Type Pledged	Amount \$	Offsetting Liability
Type Pledged	Amount \$	Offsetting Liability
Type Pledged	Amount \$	Offsetting Liability
Type Pledged	Amount \$	Offsetting Liability
Type Pledged	Amount \$	Offsetting Liability

Legal Proceedings: (If any legal proceedings have been instituted by creditors, or any unsatisfied judgments remain on record, give full details starting with any unresolved Federal Indebtedness.)

