

Schedule C  
**Schedule of Accounts  
 Payable**

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

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

See Instructions and Reporting Burden S  
 For the Month of

Date Incurred	To Whom Owed	Purpose	Amount
			\$

**Total Accounts Payable** (enter on line 5 of form HUD-93479-ORCF) \$

**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).

---

Authority for collection of information on this form is contained in 24 CFR, CH 11 (4-1-99 Edition), Section 200.105, Mortgagor Supervision, Page 22. The information is sent to the Department of Housing and Urban Development (HUD) the tenth day of each month by owners or management agents of HUD-insured or Secretary-held properties. The information is used by HUD to assess the need for remedial actions to correct project deficiencies. If information is not collected the Department would not be able to monitor debt collection on HUD-held projects and it would increase the potential for fraud, diversions, defaults, and assignments. The information is not considered sensitive. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information request.

**Public reporting burden** for this collection of information is estimated to average 1 hour 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.

### Instructions for Preparation of Monthly Reports for Establishing Net Income

One copy of the monthly report forms (forms HUD-93479-ORCF, HUD-93480-ORCF, and HUD-93481-ORCF) is due no later than the **tenth** of the month following the month of operation covered by the report. **All** applicable lines should be completed since partial information reduces the usefulness of the reports. The report must be signed by an authorized representative of the management agent or borrower.

### Schedule C: Form HUD-93481-ORCF, Schedule of Accounts Payable

All delinquencies under the mortgage must be shown. Itemize principal, interest, type of escrow, and MIP.

All other amounts owed as of the end of the month must be shown and adequately identified as to who owed, the purpose of the obligation, and the date incurred.