

**Memo Requesting Post-Commitment Early Start of Construction**  
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 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.

**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).

Project Name:

FHA Project Number:

Project Address:

Project County:

Mortgage Amount:

Number of Dwelling Units:

Number of Buildings:

Number and Type of Accessory Structures:

Foundation System (Slab on Grade, Crawl Space, Basement, etc):

Structural System (Wood Frame, Steel, Concrete, etc.):

Proposed Initial Closing Date:

Proposed Start of Construction Date:

Scheduled Construction Period:            months

**Construction Type:**     New Construction  
                                   Sub Rehab  
                                   241a

**Facility Type:**     Assisted Living Facility/  
                                  Memory Care  
                                   Skilled Nursing Facility  
                                   Skilled Nursing Facility/  
                                  Assisted Living Facility/  
                                  Memory Care

Project Owner:

Contact Person:

Phone Number:

Design Architect:

Contact Person:

Phone Number:

Supervisory Architect:

Contact Person:

Phone Number:

General Contractor:

Contact Person:

Phone Number:

**Below are pertinent details on the project related to Davis Bacon Wages:**

Wage Decision Type:  Residential  Building (Commercial)  N/A

Wage Decision Number: Mod #:

Wage Decision Modification Date:

# of Buildings: # of Units:

# of Stories: # of self-contained units:

Self-contained means that the units contain both a kitchen/kitchenette and a bathroom. This criterion, in addition to the number of stories, and project type, affects whether the construction type will be “residential” or “building.”

**Lender’s Pre-Construction Conference Coordinator Information:**

Name:

Email: Phone:

Mailing Address:

**Justification showing good cause for commencing construction prior to Initial Endorsement:**

**Description of the Scope of Work to be completed prior to Initial Endorsement:**