

**Certification of
Outstanding Obligations**
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).

Borrower: Borrower Name
Project: Project Name
FHA Number: FHA Project Number
Project Location: Project City, State

I, the undersigned, HEREBY CERTIFY that to the best of my knowledge and belief, the following list identifies all outstanding obligations of the Borrower and the property:

Lender / Obligee (name, address)	Balance (\$)	Other Information	
Lender Name Address Line 1 Address Line 2		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured	Loan #:

		<input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
Lender Name Address Line 1 Address Line 2		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old	Loan #:

		<input type="checkbox"/> Not to be paid off	
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
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		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:
		<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> Less than 2 years old <input type="checkbox"/> Not to be paid off	Loan #:

Additional pages attached.

Signature.

The individual signing below on behalf of the Borrower certifies that he/she is an authorized representative of the Borrower and has sufficient knowledge to make this certification on behalf of the Borrower. Signatory hereby certifies that the statements and representations contained in this instrument and all supporting documentation thereto are true, accurate, and complete and that each signatory has read and understands the terms of this instrument. This instrument has been made, presented, and delivered for the purpose of influencing an official action of HUD in insuring the Loan, and may be relied upon by HUD as a true statement of the facts contained therein.

Executed this _____ day of _____, 20_____.

By: _____
Name: _____
Title: _____