

**Consolidated Certifications
– Lender
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).

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

INSTRUCTIONS:

Please use the gray shaded areas (e.g., <<example>>) or appropriate check box (e.g.,) for your responses.

Project Name:	<<name of project here>>
Project Location:	<<city, state here>>
FHA Number:	<<FHA number here>>
Existing FHA Loan Number: if applicable	<<existing FHA number here {or} N/A if not applicable>>

Lender: <<lender's name here>>
HUD Mortgagee No.: <<mortgagee number here>>
Underwriter: <<underwriter's name here>>
Underwriter Trainee: if applicable <<underwriter trainee's name here>>

Borrower: <<name of Borrower here>>

Operator (Lessee): if applicable

<<name of Operator here {or} N/A if not applicable>>

Parent of Operator:

if applicable

<<name of Management Agent here {or} N/A if not applicable>>

Management Agent:

if applicable

<<existing Lender's name here {or} N/A if not applicable>>

Lender (Existing): if

applicable

Other Parties of the transaction are provided on Attachment 1.

Part I. Program

Select Applicable Section 232 Program Type:

Part II. Application for Project Mortgage Insurance

Pursuant to the provisions of of the National Housing Act and the regulations of the Secretary of Housing and Urban Development ("HUD") applicable thereto, request is hereby made for the issuance of a commitment to insure a mortgage covering the Project described in the accompanying application. After examination of the application and the proposed security, the Lender has determined that (i) the project is appropriate for financing with a mortgage loan insured by HUD and (ii) the Lender is interested in making a HUD-insured mortgage loan with respect to the project as described in the Lender’s Underwriting Narrative. It is understood that the financing expense is subject to adjustment so that the total will not exceed <<**per program requirements, insert % here**>> of the amount of the commitment.

The application contains evidence of payment of the application fee required by HUD Regulations.

Part III. Byrd Amendment

The Lender states, to the best of its knowledge and belief, that: “If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the Lender shall complete and submit *Standard Form-LLL-Disclosure Form to Report Lobbying*, in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Part IV. Identities of Interest

Does the Lender have an identity of interest with the following parties or their Principals?

	Not Applicable	Yes	No		Not Applicable	Yes	No
Borrower:		<input type="checkbox"/>	<input type="checkbox"/>	Appraisal Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operator/Lessee:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Market Study Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Agent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Contractor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PCNA Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Design Architect:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cost Review Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Architect:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A&E Review Firm:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lender (Existing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seller:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AR Lender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other fee-based service provider (administrative services, physical therapy, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Financing Lender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the Lender know that, or have any reason to believe, that any of the assertions in the other Consolidated Certifications submitted herewith, are inaccurate or incomplete?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the questions in this Part IV. is “yes,” attach a separate sheet setting forth the nature of each such identity of interest. The Lender certifies that, to the best of its knowledge, its answer to each of the questions in this Part IV. and the information in any such attached sheets is true and correct.

Part V. Due Diligence

The Lender certifies to the following with respect to the loan application submitted for the project:

1. The Lender has reviewed all in-house and third-party forms/reports/reviews.
2. Each preparer of the forms/reports/reviews has provided evidence to the Lender that such preparer is qualified per HUD requirements, and has provided evidence to the Lender that such preparer has the required insurance, if any is required by HUD.
3. The forms/reports/reviews were prepared in the manner required by HUD and, to the best of Lender’s knowledge, are complete and accurate.
4. Based upon the underwriter's analysis, the proposed loan represents an acceptable risk to HUD (replacement cost programs) or is economically sound (value programs). The proposed

loan and processing complies with all HUD statutory, regulatory, and administrative requirements.

5. If applicable, the site has been inspected in accordance with Office of Residential Care Facilities (ORCF) program requirements.
6. The Lender initiated and paid for the appraisal, which was prepared for the Lender's use, if applicable.
7. The Lender has reviewed the following lists and identified any individuals or entities that, to the Lender's knowledge, are involved as Principals in the ownership, management, or operation of the project that are listed in any such lists.
 - a. HUD's Limited Denial of Participation List
 - b. Federal government's Excluded Parties List System
 - c. Department of the Treasury's Specially Designated Nationals List (SDN)
8. The Lender has verified the following information:
 - a. Tax Identification Numbers of the Borrower and its Principals, Operator, Management Agent, Master Tenant, and General Contractor, as applicable.
 - b. Section 1616(e) of the Social Security Act (Keys Amendment) compliance by the state where the project is located (for board and care facilities only).
9. The Lender has reviewed the Borrower's/project's professional liability insurance in accordance with HUD program requirements. It is the Lender's opinion that the application sufficiently demonstrates that the existing and/or proposed professional liability coverage meets HUD's requirements and that the risk from professional liability issues is sufficiently addressed.
10. The Lender has reviewed the Borrower's/project's insurance in accordance with HUD program requirements. It is the Lender's opinion that the application sufficiently demonstrates that the existing and/or proposed insurance coverages meet HUD's requirements and that the risk issues are sufficiently addressed.
11. The Lender has reviewed the application sufficiently to verify that the single-asset borrower entity is registered in the United States, in the state where their corporate office is located, and at least one principal, with operational decision-making authority, is a United States citizen.
12. The Lender has reviewed any delinquent federal debt identified by any of the participants, and has included the reason(s) for recommendation of the applicant in the Lender's Narrative.

Part VI. Underwriter Trainee

The Lender certifies that an:

- Underwriter trainee was NOT involved in the underwriting of this application.
- Underwriter trainee WAS involved in the underwriting of this application and
1. The underwriter accepts full responsibility for aspects of the underwriting for this project.
 2. The underwriter trainee was not hired on a contract basis for this loan.
 3. The work performed by the underwriter trainee was completed under the direct supervision of the underwriter.
 4. The specific tasks contributed by the underwriter trainee are clearly identified in the Lender's Underwriting Narrative.

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Part VII. Signatures

The Lender has read and agrees to comply with the provisions of the above certifications for the purpose of obtaining mortgage insurance under the National Housing Act. Principal further 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 certification. This certification 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.

The individual signing below on behalf of the Lender certifies that he/she is an authorized representative of the Lender, has acted as the underwriter for the loan which is the subject of these Lender Certifications and has sufficient knowledge to make these certifications on behalf of the Lender.

Executed this <<enter date>> day of <<enter month>>, <<enter year>>.

: <<enter Lender's name here>>

By: _____
Signature

<<enter name and title of authorized representative here>>
(Printed Name & Title)

Underwriter Trainee (if applicable)

I certify that:

1. I was not hired on a contract basis for this loan.
2. The work I performed was completed under the direct supervision of the Underwriter.
3. The specific tasks I contributed are clearly identified in the Lender's Underwriting Narrative.

Executed this <<enter date>> day of <<enter month>>, <<enter year>>.

LENDER NAME

By: _____
Signature

<<enter name and title of underwriter trainee here>>
(Printed Name & Title)

Attachment 1 to <<name of project here>> Consolidated Certifications:

Other Parties

Appraisal

Firm/Appraiser: if applicable

<<name of appraisal firm and appraiser here {or} N/A if not applicable>>

Market Study Firm: if applicable

<<name of market study firm here {or} N/A if not applicable>>

Environmental

Firm: if applicable

<<name of environmental firm here {or} N/A if not applicable>>

PCNA Firm: if applicable

<<name of PCNA firm here {or} N/A if not applicable>>

A&E Review Firm: if applicable

<<name of A&E review firm here {or} N/A if not applicable>>

Cost Review Firm: if applicable

<<name of cost review firm here {or} N/A if not applicable>>

General Contractor: if applicable

<<name of contractor here {or} N/A if not applicable>>

Design Architect: if applicable

<<name of design architect here {or} N/A if not applicable>>

Supervisory Architect: if applicable

<<name of supervisory architect here {or} N/A if not applicable>>

Seller: if applicable

<<name of seller here {or} N/A if not applicable>>
