

**Previous Participation
Certification – Controlling
Participant
Section 232**

**U.S. Department of Housing
and Urban Development**
Office of Healthcare Programs

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

This form is to be used for Controlling Participants not covered by other Consolidated Certifications.

**Controlling
Participant:**

Controlling Participant Name

Lender:

Lender Name

Project Name(s):

Project Name(s)

**Project
Location(s):**

Project City, State(s)

**Project
Number(s):**

Project Number(s)

Part I. Program.

Select Applicable Section 232 Program Type:

Part II. Previous Participation Certification

Controlling Participant HAS completed an electronic Previous Participation Certification in the Active Partners Performance System (APPS), and is proceeding to Part III.

Controlling Participant has NOT completed an electronic submission, and must complete this Part II certification.

The **Controlling Participant** certifies that:

It has NO Previous Participation in Office of Healthcare or Multifamily Housing programs of HUD, housing projects with current flags under the U.S. Department of Agriculture's previous participation review system, or any other housing project participating in a federal, state or local or government program, and during the Controlling Participant's participation in the housing project (i) the housing project was not foreclosed upon; (ii) the housing project was not transferred by a deed in lieu of foreclosure; or (iii) an event of default, or similarly termed event, was not declared or remained after any applicable notice and cure periods against the housing project or the Controlling Participant pursuant to the government program's project documents in the past 10 years.

It DOES have Previous Participation in Office of Healthcare or Multifamily Housing programs of HUD, housing projects with current flags under the U.S. Department of Agriculture's previous participation review system, or any other housing project participating in a federal, state or local or government program, and during the Controlling Participant's participation in the housing project (i) the housing project was not foreclosed upon; (ii) the housing project was not transferred by a deed in lieu of foreclosure; or (iii) an event of default, or similarly termed event, was not declared or remained after any applicable notice and cure periods against the housing project or the Controlling Participant pursuant to the government program's project documents in the past 10 years as listed on the attached Attachment 2.

Certifications: Controlling Participant hereby certifies that the Controlling Participant has never been found to be in noncompliance with any applicable nondiscrimination and equal opportunity requirements including but not limited to 24 CFR 5.105 (a) and 200.600 et seq., except as disclosed to HUD in an attached signed statement explaining the relevant facts, circumstances, and resolution, if any. All the statements made in this certification and in any attachments hereto are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained in Schedule of Previous Participation in FHA Insured & Other Government Agency Facilities and Exhibits signed and attached to this form.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

Controlling Participant further certifies that:

1. The Schedule of Previous Participation in FHA Insured & Other Government Agency Facilities attached hereto contains a listing of every assisted or insured project in Office of Healthcare or Multifamily Housing programs of HUD, housing projects with current flags under the U.S. Department of Agriculture's previous participation review system and any other housing project participating in a federal, state or local or government program if during the Controlling Participant's participation in the housing project (i) the housing project was foreclosed upon; (ii) the housing project was transferred by a deed in lieu of foreclosure; or (iii) an event of default, or similarly termed event, was declared and remained after any applicable notice and cure periods against the housing project or the Controlling Participant pursuant to the government program's project documents in the past 10 years.
2. For the period beginning 10 years prior to the date of this certification, and except as shown on the certification:

- a. No mortgage on a project listed on the attached schedule has ever been in default, assigned to the Government or foreclosed, nor has it received relief from mortgage by mortgagee.
 - b. Controlling Participant has not experienced defaults or noncompliance under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project.
 - c. There are no known unresolved findings raised as a result of HUD audits, management reviews or other Governmental investigations concerning any of the projects listed on Attachment 2
 - d. There has not been a suspension or termination of payments under any HUD assistance contract due to the fault or negligence of the controlling participant.
 - e. The Controlling Participant has not been convicted of a felony and nor is presently, to its knowledge, the subject of complaint or indictment charging a felony. (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);
 - f. The Controlling Participant has not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or of a State Government from doing business with such Department or Agency.
 - g. The Controlling Participant has not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.
3. The Controlling Participant is not a HUD/FmHA employee or a member of a HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part 0 and USDA's Standard of Conduct in 7 C.F.R. Part 0 Subpart B.
 4. The Controlling Participant is not a principal participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification have not been filed with HUD or FmHA.
 5. The Controlling Participant has not been found by HUD or FmHA to be in noncompliance with any applicable fair housing and civil rights requirements in 24 CFR 5.105 (a).
 6. The Controlling Participant is not a Member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America.
 7. Statements above (if any) to which the Controlling Participant cannot certify have been deleted by striking through the words. Authorized representative of the Controlling Participant has initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances which I think helps to qualify the Controlling Participant as a responsible principal for participation in this project.

Part III. Signature

The Controlling Participant has read and agrees to comply with the provisions of the above certifications for the purpose of the Controlling Participant obtaining mortgage insurance under the National Housing Act.

The Controlling Participant hereby certifies that the statements and representations contained in this certification 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 Controlling Participant certifies that he/she is an authorized representative of the Controlling Participant and has sufficient knowledge to make these certifications on behalf of the Controlling Participant.

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).

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

Controlling Participant Name <<enter Controlling Participant's name here>>

By: _____
Signature

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

Attachments:

- Attachment 1 Organizational Chart in compliance with Housing Notice 16-15 (required)
- Attachment 2 to Consolidated Certifications – Controlling Participant: Schedule of Previous Participation in HUD Insured & Other Government Agency Projects/Facilities

**Attachment 1: Organizational Chart in compliance with Housing Notice 16-15 (required)
Organization Chart to <<name of project here>> Consolidated Certifications:**

**Attachment Two to Consolidated Certifications – Controlling Participant:
 Schedule of Previous Participation in HUD Insured & Other Government Agency
 Projects/Facilities**

For <<enter controlling participant's name here>>

Project/Facility (name, location)	Roles in Project/Facility	Loan Status
<p>Name of Facility City, State</p>	<p>Role in Project/Facility (describe):</p> <p>Dates Participated in Project/Facility to</p> <p>Healthcare Facility YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><input type="checkbox"/> HUD FHA Number:</p> <p><input type="checkbox"/> Gov't Agency Financing other than HUD (indicate):</p> <p><u>Loan Status during participation:</u></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Default Assignment <input type="checkbox"/> Foreclosed</p>
<p>Name of Facility City, State</p>	<p>Role in Project/Facility (describe):</p> <p>Dates Participated in Project/Facility to</p> <p>Healthcare Facility YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><input type="checkbox"/> HUD FHA Number:</p> <p><input type="checkbox"/> Gov't Agency Financing other than HUD (indicate):</p> <p><u>Loan Status during participation:</u></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Default Assignment <input type="checkbox"/> Foreclosed</p>
<p>Name of Facility City, State</p>	<p>Role in Project/Facility (describe):</p> <p>Dates Participated in Project/Facility to</p> <p>Healthcare Facility YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><input type="checkbox"/> HUD FHA Number:</p> <p><input type="checkbox"/> Gov't Agency Financing other than HUD (indicate):</p> <p><u>Loan Status during participation:</u></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Default Assignment <input type="checkbox"/> Foreclosed</p>
<p>Name of Facility City, State</p>	<p>Role in Project/Facility (describe):</p> <p>Dates Participated in Project/Facility to</p> <p>Healthcare Facility YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><input type="checkbox"/> HUD FHA Number:</p> <p><input type="checkbox"/> Gov't Agency Financing other than HUD (indicate):</p> <p><u>Loan Status during participation:</u></p> <p><input type="checkbox"/> Current <input type="checkbox"/> Default Assignment</p>

		<input type="checkbox"/> Foreclosed
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Additional pages attached.