

**Permission to Occupy
Project Mortgages**
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 0.5 hours 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: | Request Number: |

Request for Permission to Occupy

Federal Housing Administration

Permission is requested for the occupancy of (Number) _____ living units identified as _____ and located in (Describe structure, wing, entrance, etc.) _____.

All work in connection therewith has been substantially completed and all of the above-described living units are suitable for occupancy, with the fixtures and equipment installed and in operating condition, and are compliant with accessibility requirements. Light, heat, water, gas, and sanitary services have been connected and are available for use. The premises have been inspected by the public authorities have jurisdiction and permission to occupy granted by them as evidenced by the certificates attached hereto. Safe and adequate approaches to the site and the aforesaid living units have been provided, including temporary or permanent guard rails, barricades, walks, lights, and other provisions necessary to the protection of residents and the public.

Borrower:

| | |
|------------------|------------|
| Date: MM/DD/YYYY | Signature: |
|------------------|------------|

Architect's Certificate of Substantial Completion

I have inspected the units listed above and have found construction to be sufficiently complete and in accordance with contract requirements so that owner may occupy the above described living or service units for the uses intended. I have examined all required certificates of permission to occupy as issued by public authorities having jurisdiction and found same to be in proper order.

Architect:

| | |
|------------------|------------|
| Date: MM/DD/YYYY | Signature: |
|------------------|------------|

Contractor's Certification

This is to certify that all work or correction necessary to complete the above-described living units in accordance with the contract requirements and in a manner acceptable to the Federal Housing Administration will be performed without delay and at no additional cost regardless any of adverse conditions resulting from the occupancy of the aforesaid living units.

Contractor:

Date: MM/DD/YYYY

Signature: _____

Lender's Statement

Federal Housing Administration

All insurance risks have been covered in conformity with Federal Housing Administration Hazard Insurance requirements issued in connection with this project. The above request is acceptable to the undersigned.

Lender Name, Address, City, State, Zip: _____

Date: MM/DD/YYYY

Signature: _____

FHA Inspection Report

Examination of the living units described above, including the available means of access thereto, reveals they are suitable for occupancy with the exception of those enumerated below, which are considered unsuitable for occupancy at this time for the reasons stated.

Exceptions:

Inspection Date: MM/DD/YYYY

Signature: _____

ORCF Contract Inspector

ORCF Construction Analyst

Approved: as reported above; as modified by me

Approved Date: MM/DD/YYYY

Signature: _____

ORCF Senior Construction Analyst

Permission to Occupy

Permission is granted for the occupancy of the living units identified on the FHA Inspection Report portion of this form as suitable for occupancy. It is understood that this does not constitute and shall not be construed as acceptable of construction and that completion of these living units in accordance with the contract documents is essential and will be performed prior to acceptance of the construction.

Federal Housing Administration,

Signature: _____

Date: MM/DD/YYYY

ORCF Senior Construction Analyst
