

Contact Sheet
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).

For Use in all Section 232 Projects

Project Name: _____
New FHA _____ **Old FHA** _____
Project Number: _____ **Project Number:** _____
(if applicable)

Project

Site Address: _____

CMS* Provider Number:(if applicable) _____
*Center for Medicaid and Medicare Services

Contact for ORCF* Appraiser/Inspector to Coordinate On-Site Visits and Repair Inspections:
*Office of Residential Care Facilities

Contact Name/Title: _____
Site Contact Phone: _____
Contact Email _____

Site Contact (i.e. Administrator, Manager if different than above)

Contact Name/Title: _____
Site Contact Address: _____
Site Contact Phone: _____
Contact Email: _____

Lender

Firm Name: _____
Mortgagee No: _____
Address: _____
Underwriter Contact _____
Underwriter Phone: _____ Email: _____

Servicing Lender

Firm Name: _____
Address: _____
Contact Name _____
Contact Phone: _____ Email: _____

Lender's Counsel

Firm Name: _____
Address _____
Contact Name: _____
Contact Phone: _____ Email: _____

Lender's Closing Contact (Point of Contact for closing coordination)

Firm Name: _____
Address _____
Contact Name: _____
Contact Phone: _____ Email: _____

Borrower

Legal Name: _____
Address: _____
Contact Name: _____
Annual FYE Date: _____
EIN: (Employee ID Number) _____
Contact Phone: _____ Email: _____

Borrower's Counsel

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone _____ Email: _____

Operator (Lessee) (if applicable)

Legal Name: _____
Address: _____
Contact Name _____
Annual FYE Date: _____
EIN: _____
Contact Phone: _____ Email: _____

Master Tenant (if applicable)

Legal Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Email: _____
EIN: _____

Management Agent (if applicable)

Legal Name: _____
Address: _____
Contact Name: _____
Annual FYE Date: _____
EIN: _____
Contact Phone: _____ Email: _____

Title Company

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Email: _____

Bonding Company (if applicable)

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Email: _____

General Contractor (if applicable)

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Email: _____

Design Architect (if applicable)

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Email: _____

Supervisory Architect (if applicable)

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Email: _____

Additional Participants

(Include Accounts Receivable Lender, if applicable)

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____ Email: _____

Add additional sheets as needed