

**Request for Approval  
of Advance/Release of  
Escrow Funds  
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).

**Request for Approval of Advance/Release of Escrow Funds:** Completed by the depository institution. Submit to HUD in duplicate if a wet signature is required by the Lender. The definition of any capitalized term or word used herein can be found in this Request for Approval of Advance of Escrow Funds or the Regulatory Agreement between Borrower and HUD, the Note, and/or the Security Instrument.

Facility Name:	Name of Borrower/Owner:	Date of Escrow Agreement:
FHA Project Number:	Escrow Amount without Contingency: \$	Contingency Amount: \$
Payment Amount Requested: \$	Escrow Account Balance after this payment excluding Contingency: \$	Advance Number: Is this a Final/Closeout/Submission? <input type="checkbox"/> YES <input type="checkbox"/> NO

The Payment Requested is for:

- Offsite facilities
- Construction changes
- Non-critical repairs
- Green MIP repairs/retrofits
- Minor movables
- Construction costs not paid at final endorsement
- Release of Latent Defect Escrow
- (Other) \_\_\_\_\_

The undersigned received the Request for Payment (see pages 3-6 and 4-6) from the above-named Borrower. To the best of our knowledge, information, and belief, the sum requested has been verified for accuracy and is now payable.

We intend to disburse that sum on or about (date): \_\_\_\_\_ upon your approval.

Name of the Depository Institution:
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Authorizing Official Name & Phone Number:	Authorizing Official Signature:	Date (mm/dd/yyyy)
Submitting Official Name & Phone Number:	Submitting Official Signature:	Date (mm/dd/yyyy)

**Approval of Advance of Escrow Funds:** Completed by HUD.

Disbursement of funds is approved from the Escrow Deposit for:		
<input type="checkbox"/> Offsite Improvements <input type="checkbox"/> Construction changes <sup>1</sup> <input type="checkbox"/> Non-critical repair <input type="checkbox"/> Green MIP Retrofits <sup>2</sup> <input type="checkbox"/> Minor movables <input type="checkbox"/> Construction costs not paid at final endorsement <input type="checkbox"/> Release of Latent Defect Escrow <input type="checkbox"/> (Other)_____		
<sup>1</sup> Change Orders involving Green MIP items are prohibited unless the proposed changes are first approved in writing by the green energy professional for the project. <sup>2</sup> Green MIP Retrofit items must be identified with an asterisk in the below schedule of values.		
Payment Approved: \$ _____ Disapproved: \$ _____		
Comments/Notes:		
Approval Recommended: Name of Account Executive/Financial Analyst	Signature of Account Executive/Financial Analyst  X	Date (mm/dd/yyyy)
Name of Authorized Agent for HUD	Signature of Authorized Agent for HUD  X	Date (mm/dd/yyyy)





The undersigned Borrower hereby requests a payment of funds covering advances provided by the Escrow Agreement, heretofore executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, for:

[ ] offsite facilities as indicated by the net amount due for work performed up to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, according to the following statement with respect to all items of construction listed in Exhibit "A" attached to the Agreement;

[ ] construction costs not paid at final endorsement and listed in Exhibit "A" attached to the Escrow Agreement for Incomplete Construction;

[ ] construction change(s) as identified by request number(s): \_\_\_\_\_;

[ ] non-critical repairs pursuant to Section 223(f), [ ] Section 223(a) (7), or (other). Non-Critical Repairs **are required to be COMPLETED within a 1-year time frame** from the date of closing.

Date of Closing \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

[ ] Latent Defect Escrow 223(f) \_\_\_\_\_ 223(a) (7) \_\_\_\_\_ (If the latent defect escrow is from the performance of Non-Critical Repairs please check the escrow agreement (HUD-92476-ORCF) #2 to determine whether the funds are from loan proceeds or provided by the owner. If by owner, then they can go back to the owner. If by loan proceeds, then they must be deposited into the Reserve for Replacement or as directed by HUD.

Each signatory below hereby certifies that each of their statements and representations contained in this instrument and all their supporting documentation thereto are true, accurate, and complete. 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.

Borrower Name: \_\_\_\_\_

By: Signature: \_\_\_\_\_

Printed Name, Title: \_\_\_\_\_

Dated: \_\_\_\_\_

By: Signature: \_\_\_\_\_

Printed Name, Title: \_\_\_\_\_

Dated: \_\_\_\_\_

[ADD ADDITIONAL LINES IF MORE THAN TWO SIGNATORIES]

**Offsite and Construction Change Certification:**

The undersigned hereby certifies that *(mark the appropriate box)*

- the total cost has been paid in full and in cash from funds other than Loan proceeds;
- upon release of the amount deposited for this offsite item or construction change, payment in full shall be made to the contractor prior to the next request for an insured advance or Loan disbursement and a receipt of payment from the general contractor shall be submitted with the next request for an insured advance or Loan disbursement.

The undersigned further certifies that all work, labor and materials to be paid under this Request are satisfactory and in accordance with the contract documents.

Name of Borrower:	Signature of Authorized Borrower Official	Date (mm/dd/yyyy)
	X	

**Architect's Offsite and Construction Change Certification:**

I certify based on my on-site observations (or those of my authorized representative), that to the best of my knowledge, information and belief, the Work covered by the aforementioned has been completed.

Architect's Signature/Date:

x

**Inspector's Offsite and Construction Change Certification:**

I certify that to the best of my knowledge, information and belief, the aforementioned work has been acceptably completed.

Inspector's Signature/Date:

x

**Warning:**

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