

**Lender's Certification –  
Insurance Coverage  
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 0.25 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).

FHA Project No.: XXX-XXXXX  
Project Name: Project Name  
Project Address: Project Street Address  
Project City, State, Zip

The undersigned hereby certifies that:

1. Lender has reviewed the Borrower's/project's insurance in accordance with HUD program requirements, as described in Chapter 14 of Handbook 4232.1 [and as specified by any special conditions related to insurance requirements in the Firm Commitment and any approved waivers related to the insurance.
2. The project sufficiently demonstrates that the existing insurance coverages meet HUD's requirements and that the risk issues are sufficiently addressed.
3. No modifications to the current or proposed coverage are recommended.

This certification is made, presented and delivered to influence an official action of HUD, and may be relied upon by HUD as a true statement of the facts contained herein.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Lender Name**

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

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(Printed Name & Title)