

**Lender's Certification in Support of Request for Interest Rate Reduction 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).

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**Project Name:** \_\_\_\_\_  
**FHA Project No.** \_\_\_\_\_  
**Project Location:** \_\_\_\_\_  
**Lender:** \_\_\_\_\_

[*Lender name*], a [*type of entity*] organized and existing under the laws of [*state*], (“Lender”) (also referred to as a mortgagee in Program Obligations), executes this Lender’s Certification (this “Certificate”) to and for the benefit of the U.S. Department of Housing and Urban Development (HUD) as of [*date*].

Lender hereby certifies to HUD as follows:

1. Lender is the holder of that certain [*title of mortgage*] (“Security Instrument”), dated as of [*date of Mortgage/Security Instrument*], given by [*name of Borrower*] (“Borrower”) (also referred to as a mortgagor in Program Obligations) for the benefit of Lender or Lender’s predecessor in interest, securing the repayment of a loan by Lender to Borrower evidenced by a promissory note (“Loan”).
2. The Loan will be modified upon receipt of a HUD approval letter to reduce the interest rate and extend the prepayment terms.
3. Notwithstanding any modification to the Loan and any recording of documents modifying the Security Instrument, the Security Instrument will continue to constitute a valid perfected first lien on the property mortgaged therein.
4. All appropriate Uniform Commercial Code (“UCC”) financing statements, and any other documents or means required by state and local law, have been properly and timely filed as necessary and Lender holds a perfected first lien security interest under the UCC on any UCC collateral covered by the Security Instrument.

5. Lender shall maintain a perfected first lien position in the property mortgaged and UCC collateral covered by the Security Instrument for the life of the Loan.
6. No act or omission of the Lender has or will impair the validity or priority of the Security Instrument.
7. Lender shall furnish a complete copy of this Certificate to any successors and assigns of Lender and agrees that, in any contract for sale or assignment of the Security Instrument to a successor Lender (for purposes of servicing the Loan only), the successor Lender shall be bound by the certifications herein.

This Certification has been made, presented, and delivered for the purpose of influencing an official action of the FHA, and of the Commissioner, and may be relied upon by the Commissioner as a true statement of the facts contained therein.

The individual signing below on behalf of the Lender certifies that he/she is an authorized representative of the Lender, and has sufficient knowledge to make these certifications on behalf of the Lender.

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

**Lender Name**

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

\_\_\_\_\_  
(Printed Name & Title)