

RECERTIFICATION FOR NONPROFIT AGENCIES-PROPERTY LISTING FORMAT

NONPROFIT AGENCY INFORMATION (Name, Address, Contact Name and Telephone Number)

OMB Approval No. 2502-0540
Exp. XXXXXXXXX

Property Address of Property Purchased with:	FHA Case Number (if financed through FHA)	Purchased with FHA Financing? Type?	Purchase Price Date of Purchase	Net Development Cost* Use Separate Sheet if Necessary	Loan Amount	Type of HUD Home Sales Concessions?	Sales Price if Re-Sold** Date of Sale	Purchaser Name	Lending Institution or bank financing Transaction
(F, H) 11241 Sample Road West Nowhere, NY 11021	441-5545664	Yes 203(K)	\$50,000 1-15-98	Acquisition: \$50,000 Rehab: \$15,000 Permits: \$500 Taxes: \$1,100	\$60,000	Not a HUD Home	\$75,000 4-15-98	Gloria and John Borrower	Bank ABC New York, NY
(H) 4215 S. Sample Road West Outside, NY 11022	None Conventional Financing	No	\$48,000 8-15-98	Acquisition: \$48,000 Rehab: \$0 Permits: \$0 Taxes: \$900	\$46,000	10% Discount \$4,000	\$55,000 8-20-98	Jane and William Doe	Bank XYZ Albany, NY

*The total cost of the project, including items such as acquisition cost, architectural fees, permit and survey expenses, insurance, rehabilitation and taxes. Please itemize these costs.
 ** For Real Estate Owned properties acquired at the 30% discount level and resold, please provide HUD-1 Settlement Statements and Addenda to support these sales.

On a separate sheet of paper (on the agency's letterhead), please include the following: I certify that the information submitted in response to the "Recertification for Nonprofit Agencies-Property Listing Format" is accurate.
 Name of Authorized Nonprofit Agency Representative _____
 Signature _____
 Date _____

WARNING: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties: (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

"Public reporting burden for this collection of information is estimated to average 12 hours. This includes the time for collecting, reviewing, and reporting the data. Response to this request for information is required in order to receive the benefits to be derived. 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. No confidentiality is assured."