Accounts Receivable Financing Certification 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).

Accounts Receivable	A/R Borrower Name	
Borrower:		
Accounts Receivable Lender:	A/R Lender Name	
Project:	Project Name	
FHA Project Number:	Project Number	
Project Location:	Project City, State	
Other Projects in Portfolio:	List Other Projects	

Part I. Accounts Receivable Loan Documents.

The Accounts Receivable Borrower certifies that the exhibits provided with this application are a complete copy of all documents evidencing and securing the accounts receivable loan of the Accounts Receivable Borrower in connection with the Project listed above.

Part II. Comingling of Receivables.

The Accounts Receivable Borrower certifies that receivables derived from government sources, including without limitation Medicare and Medicaid sources, have not been comingled with receivables derived from other sources.

Part III. Cross-Collateralization.

The Accounts Receivable Borrower certifies that the Accounts Receivable collateral do not secure any obligations to the Accounts Receivable Lender relating to projects that are not financed by mortgage loans insured or held by HUD.

Part IV. Identities of Interest.	
The Accounts Receivable Borrower certifies that it:	
does NOT have an identity of interest, as defined in Program Obligations, with the	
Accounts Receivable Lender	
DOES have an identity of interest, as defined in Program Obligations, with the Accounts	
Receivable Lender (attach a separate sheet setting forth the nature of such identity of	

interest).	
Accounts Receivable Lender	defined in Program Obligations, with the in Program Obligations, with the Accounts
Part VI. Signature. Accounts Receivable Borrower certifies that the this instrument and all supporting documentation that each signatory has read and understands the been made, presented, and delivered for the pure and may be relied upon by HUD as a true states.	on thereto are true, accurate, and complete and e terms of this instrument. This instrument has rpose of influencing an official action of HUD
Executed this day of	, <u>20</u> A/R Borrower Name
Ву:	Signature
	(Printed Name & Title)