HUD Form #90016-ORCF, Consolidated Certifications-Parent of the Operator Section 232

LOCATION	CURRENT TEXT	REVISED TEXT
p. 1	Public reporting burden for this	Public reporting burden for this
	collection of information is estimated	collection of information is estimated
	to average 0.1 hours per response,	to average 0.1 hours per response,
	including the time for reviewing	including the time for reviewing
	instructions, searching existing data	instructions, searching existing data
	sources, gathering and maintaining the	sources, gathering and maintaining the
	data needed, and completing and	data needed, and completing and
	reviewing the collection of	reviewing the collection of
	information. The agency may not	information. The information is being
	conduct or sponsor, and a person is	collected to obtain the supportive
	not required to respond to a collection	documentation that must be submitted
	of information unless that collection	to HUD for approval, and is necessary
	displays a valid OMB control number.	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.

p.1	Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.	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).
p.1	Privacy Act Notice: The Department of Housing and Urban Development, Federal Housing Administration, is authorized to collect the information requested in this form by virtue of: The National Housing Act, 12 USC 1701 et seq. and the regulations at 24 CFR 5.212 and 24 CFR 200.6; and the Housing and Community Development Act of 1987, 42 USC 3543(a). The information requested is mandatory to receive the mortgage insurance benefits to be derived from the National Housing Act Section 232 Healthcare Facility Insurance Program. No confidentiality is assured.	Privacy Act Statement: The Department of Housing and Urban Development, Federal Housing Administration, is authorized to collect the information requested in this form by virtue of: The National Housing Act, 12 USC 1701 et seq. and the regulations at 24 CFR 5.212 and 24 CFR 200.6; and the Housing and Community Development Act of 1987, 42 USC 3543(a). The information requested is used to review applications within HUD. No information will be disclosed outside of HUD. The information requested is mandatory to receive the mortgage insurance benefits to be derived from the National Housing Act Section 232 Healthcare Facility Insurance Program. No applications will be reviewed or approved without the necessary information requested. No confidentiality is assured.
p.5	Certifications: Controlling Participant hereby certifies that the Controlling Participant has never been found to be in noncompliance with any applicable fair housing and civil rights requirements in 24 CFR 5.105 (a), except as disclosed to HUD in an attached signed statement explaining the relevant facts, circumstances, and resolution, if any. All the statements made in this certification and in any attachments hereto are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained in <i>Schedule of Previous</i> Participation in FHA Insured & Other	Certifications: Controlling Participant hereby certifies that the Controlling Participant has never been found to be in noncompliance with any applicable nondiscrimination and equal opportunity requirements including but not limited to24 CFR 5.105 (a) and 200.600 et seq., except as disclosed to HUD in an attached signed statement explaining the relevant facts, circumstances, and resolution, if any. All the statements made in this certification and in any attachments hereto are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data

Government Agency Facilities and	contained in Schedule of Previous
Exhibits signed and attached to this	Participation in FHA Insured & Other
form.	Government Agency Facilities and
	Exhibits signed and attached to this
	form.