

**Request for Waiver of  
Housing Directive**

**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).

<b>OHP Waiver Control Number:</b> <i>(completed when signed HUD-2-ORCF is uploaded to SharePoint)</i>		<b>OHP &lt;&lt;Waiver number&gt;&gt;</b>
<b>This section to be completed by Lender</b>		
1. FHA Number, Project Name & Location:	<<FHA Number Here>> <<Project Name here>> <<Project location (city & state)>>	
2. Waiver Requested By:	<<Name>> <<Entity>>	
3. Relief Sought:	<<Describe relief sought (e.g., Waive the xxx)>> <<Provide directive name/number (e.g., 24 CFR xxx.xxx; Notice Hxx-xx; Section 232 Handbook 4232.1, Section x, Production Chapter x.x, etc.)>>	
4. Justification:	<<Explain>>	
<b>This section to be completed by ORCF Reviewer</b>		
5. Did a check of SharePoint indicate prior approval of a similar waiver?  <input type="checkbox"/> Yes <i>(Section #6 below is not required)</i> <input type="checkbox"/> No <i>(Section #6 is required)</i>	If previously approved, list OHP Waiver Control Number: OHP <<Most recent waiver number>>  <<Include reference to original OGC approved waiver>>	
6. <u>Counsel Determination</u> : The waiver proposal <input type="checkbox"/> does not conflict <input type="checkbox"/> conflicts with statutory or regulatory provisions (comments or statutory/regulatory provision):		

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Counsel Name & Signature:  
 <<Type name here>>

Date:

7. ORCF reviewer's name & recommendation: <<Reviewer's name>>

<<Recommendation>>

Granted  
 Not Granted

Authorized ORCF Signatory:

Date:

<<Type name here>>

8. ORCF Decision Comments: