Lender's FHA Number Request 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).

Data must be provided for every field.

Application General Information				
1				
Project Name		Borrower Type		
Type of Project				
Current FHA Project #		Loan Amount		
Type of Current Loan (if 223a7)		Permanent Interest Rate		
Type of Activity (if 223f)				
Type of Mortgage Insuranc	e			
Project Street Address		Congressional		
·		District		
Project City				
Project State		Project Zip Code		
Lender Name		Lender ID #		
Lender Contact Name				
Lender Contact Email				
Lender Contact Phone				
Project Characteristics				
,			(Check as applicable)	
# of Nursing Home (SNF)		Beds LIHTC		
# of Intermediate Care		Beds Tax-Exempt Bonds	6	
# of Assisted Living (ALF)		Units HOME		
# of Memory Care		Beds CDBG		
# of Board & Care		Units Other		
# of Independent		Units		
# of Other Type Facility		Beds		

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Projects with Common Control (whether part of a Small, Mid/Size or Large Portfolio)*			
Mid/Large size portfolio? Small size portfolio? Master lease proposed?		(Requires HUD HQ Review)	
Portfolio Name Portfolio Number			
Identify Projects with Common Control by FHA#			

^{*} Follow existing Office of Residential Care Facilities (ORCF) Guidance related to what constitutes projects with common control (whether a Small, Mid/ Size, or Large portfolio). It is important to identify related projects so HUD can employ economies of scale in OGC and underwriting reviews.