## Personal Financial and Credit Statement

## U.S. Department of Housing and Urban Development Office of Residential

Care Facilities

OMB Approval No. 2502-0605 (exp. 11/30/2022)

Section 232

Public reporting burden for this collection of information is estimated to average 3.5 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).

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.

Project Name:			FHA Project Number:						
Project Location:		Name & Address of Person(s) making this Statement:							
			Da	te Prepared:	Date of Statement:				
Assets		ļ		Liabilities and Net Worth					
Cash on hand in banks Name of depository	Balance	Total		Accounts Payable		\$			
	\$			Notes Payable		\$			
Depository and Account No. – Restricted	\$			Debts payable in less than one year (secured by mortgages on land and bo	uildings)	\$			
Depository and Account No. – Unrestricted	\$			Debts payable in less than one year (see mortgages or other liens on assets)	cured by chattel	\$			
Accounts Receivable	\$			Other current liabilities: (describe)					
Less: Doubtful Accounts		\$			\$				
Notes Receivable	\$				\$				
Less: Doubtful Notes		\$			\$				
Stocks and Bonds - Market Value (Schedule A - reverse side)		\$			\$	\$			
Other Current Assets: (describe)				Total Current Liabilities:		\$			
	\$			Debts payable in more than one year (so mortgages on land and buildings)	ecured by	\$			
	\$	\$		Debts payable in more than one year (se mortgages or other liens on assets)	cured by chattel	\$			
Total Current Assets		\$		Other liabilities (describe)					
Real Property — at net (cost including improvements less depreciation) (Schedule B — reverse side)		\$			\$				
Machinery Equipment and Fixtures — at net		\$			\$				
Life Insurance (Cash value less loans)		\$			\$				
Other Assets (describe)					\$	\$			

		\$		Net Worth				\$
Total Assets				Total Liabilities and Net N				
				_				
Accounts and Notes Receivable P	artner (P) Employ	vee (E) R	Relative (I	R) or other (O)*				
Name (Indicate also P,E,R or O)*		Address				Maturity Date	•	Amount \$
Name (Indicate also P,E,R or O)*		Address				Maturity Date		Amount \$
Name (Indicate also P,E,R or O)*		Address			Maturity Date		Amount \$	
Name (Indicate also P,E,R or O)*		Address				Maturity Date		Amount
Name (Indicate also P,E,R or O)*		Address				Maturity Date		Amount
Life Insurance			ue	Beneficiary				
Delinquencies (starting with Federal	Indebtedness)	1						
Type Liability		Amount	\$	Circumstances				
Type Liability	Amount	\$	Circumstances					
Type Liability		Amount	Circumstances \$					
Type Liability		Amount	\$	Circumstances				
Type Liability		Amount	\$	Circumstances				
Accounts and Notes Payable	artner (P) Employ	/ee (E) R	Relative (I	R) or other (O)*				
Name (Indicate also P,E,R or O)*	( )   )	Address	,				Maturity	/ Date
Name (Indicate also P,E,R or O)*		Address		Amount	Amount \$		Maturity Date	
Name (Indicate also P,E,R or O)*		Address		Amount	Amount \$		Maturity Date	
Name (Indicate also P,E,R or O)*		Address		Amount	nt Matur		y Date	
Name (Indicate also P,E,R or O)*		Address			Amount	\$	Maturity	/ Date
Pledged Assets		1						
Type Pledged		Amount	\$	Offsetting Liability				
Type Pledged		Amount	\$	Offsetting Liability				
Type Pledged		Amount	Φ.	Offsetting Liability				

Total Liabilities

\$

Legal Proceedings: (If any legal proceedings have been instituted by creditors, or any unsatisfied judgments remain on record, give full details starting with any unresolved Federal Indebtedness.)

\$

\$

\$

Amount

Amount

Offsetting Liability

Offsetting Liability

Type Pledged

Type Pledged

\$

Schedule A — Stocks and Bonds (Note: If more space	e is require	d use a separate she	eet of paper.)				1		
_ Description	scription				Number of Shares		Current Market Value (at date of this statement)		
						( and or and statement)			
Schedule B — Real Property (Indicate Private Residu Location and Description of Land and Buildings Owned	ence, if any Age	Original Cost	Market Value	As	sessed Value	М	ortgaged For	Insured For	
	90	\$	\$		\$		\$	\$	
		\$	\$		\$		\$	\$	
		\$	\$		\$		\$	\$	
		\$	\$		\$		\$	\$	
		\$	\$		\$		\$	\$	
		\$	\$		\$		\$	\$	
		\$	\$		\$		\$	\$	
		\$	\$		\$		\$	\$	
Totals		\$	\$		\$		\$	\$	
<b>Fitle</b> (The legal and/or equitable title to all pieces of the abo	ve-describ	ed real estate is sole	ely in my name, exce	pt as f	ollows.)				
Location of Real		Name	of Title Holders:						
Bank and/or Trade References									
Name & Address:		·	·		Accour	nt Nun	nbers:		

Other Information/Remarks		
I/We hereby certify that the foregoing figures and the statements contained I give a correct showing of my/our financial condition as of this date. I/ We fu are true, accurate, and complete. This instrument has been made, presented, and delivered	urther certify that the statements and representation	ns contained here and all supporting documentation there
HUD as a true statement of the facts contained therein.  Name(s) & Signature(s):*	Social Security Number(s):	Date Signed:
*For married individuals, the signature and Social Security Number of th	ne spouse is required. This signature als	so authorizes the acceptance of the Criminal
Certification and allows consideration of the funds indicated herein for	the HUD insured project.	