

**Building Code  
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).

**INFORMATION TO BE PROVIDED BY LENDER WHICH MUST BE INCLUDED IN THE CERTIFICATION:**

Name of Project/Facility: \_\_\_\_\_

Project/Facility Type<sup>1</sup>:  Skilled Nursing  Assisted Living  Board and Care  
 Other, Specify \_\_\_\_\_

Location:

\_\_\_\_\_  
Street Address City State Zip  
Code

Tax Map Key: \_\_\_\_\_

Year Built: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_

Number of Beds: \_\_\_\_\_ OR Number of Units: \_\_\_\_\_

[Space intentionally left blank]

<sup>1</sup> As defined in Section 232 of the National Housing Act.

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**INFORMATION TO BE COMPLETED BY GOVERNMENTAL AUTHORITY:**

To: Secretary of Housing and Urban Development

\_\_\_\_\_ [Lender]

We confirm our records show the captioned project/facility was built in accordance with the building codes applicable at the time of construction.

In addition, there are:

No current building or housing code violations on record or known;

OR

Current building or housing code violations on record or known (identify the violation, remedy and status in space below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This certification is made, presented and delivered in connection with Lender's application for mortgage insurance under the National Housing Act and to influence an official action of HUD, and may be relied upon by HUD as a true statement of the facts contained herein.

**(Certification must be signed by a person with supervisory responsibility)**

Governing Authority: \_\_\_\_\_  
By: \_\_\_\_\_  
Name and Title: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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An inspection of the Property is not required.

The intent of this certification is to notify HUD that the applicable building authority is not aware of any building or housing code violations with respect to the Property. If any violations exist, the governing authority should specify the violation and the remedial action required.