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| <b>Mortgage Record Change<br/>Section 232,<br/>Not for Commitment<br/>Assignments</b> | <b>U.S. Department of Housing and<br/>Urban Development<br/>Office of Residential<br/>Care Facilities</b> | OMB Approval No. 2502-0605<br>(exp. 11/30/2022) |
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**Public reporting burden** for this collection of information is estimated to average .25 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).

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| <p><b>Instructions:</b> Submit the original only to HUD within 15 calendar days from the date of change for the Section 232 insured mortgage.</p> <p><b>Sale of Mortgage:</b> It is the Seller's responsibility to submit this form. Boxes 1, 2, 3, and 5 through 14 must be completed by the Seller. Box 15 must be signed by an authorized official of the purchasing mortgagee. Signatures in boxes 14 and 15 are official notice to HUD that this insured loan has been sold in accordance with HUD regulations. Seller and purchaser agree that the purchaser succeeds to all rights and assumes all obligations of the Seller under the HUD contract of insurance. Upon receipt of this notice by HUD, the Seller will be released from its obligations under the contract of insurance. HUD will acknowledge receipt of this notice to the Seller and to the Purchaser by monthly computer listing.</p> <p><b>Change of Servicer:</b> Boxes 1, 2, 3, 5, 7, 8, 10, 12, and 15 must be completed.</p> <p><b>Change of Mortgage:</b> Boxes 1, 2, 3, 5, 7, 8, 10, 12, and 15 must be completed.</p> | 1. Type of Action: (mark all applicable boxes)<br><input type="checkbox"/> Change of Holding Mortgagee or Servicer<br><input type="checkbox"/> Sale of Mortgage<br><input type="checkbox"/> Change of Servicer |                                   |                      |
|  | 2. Original Amount of Mortgage:  | 3.FHA Project No:                 | Section of Act Code: |
|  | 4. RESERVED  |                                   |                      |
|  | 5. Maturity Date: (month and year)   |                                   |                      |
|  | 6. Construction Status:<br><input type="checkbox"/> Construction is Completed<br><input type="checkbox"/> Construction is Uncompleted  |                                   |                      |
| 9. Selling Mortgagee: (mortgagee code no., name, address & ZIP code)   | 7. Date of This Notice: (mm/dd/yyyy)   | 8. Date of Transfer: (mm/dd/yyyy) |                      |
| 11. Name of Present Mortgagor (or Previous Mortgagor if for a Mortgagor Change):   | 10. Purchasing Mortgagee: (mortgagee code no., name, address & ZIP code)   |                                   |                      |
| 13. Property Address: (include ZIP code)   | 12. Service to Which Future Premium Notices Should be Sent: (mortgagee code no., name, address & ZIP code)   |                                   |                      |
| 14. Selling Mortgagee: (Authorized Official)<br>Name (Print):  | 15. Purchasing or Holding Mortgagee: (Authorized Official)<br>Name (Print):  |                                   |                      |
| Signature:   | Signature:   |                                   |                      |
| Phone Number:  | Phone Number:  |                                   |                      |

Mail the completed form to:  
U.S. Department of Housing and Urban Development  
Multifamily Insurance Operations Branch  
PO Box 44124  
Washington, DC 20026-4124