

Firm Application Checklist
Section 232 – Existing Building
with New Construction

U.S. Department of Housing and
Urban Development
Office of Healthcare Programs

OMB Approval No. 9999-9999
(exp. mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which 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. 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. No confidentiality is assured.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Project Name:
Project Number:

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Firm Application Checklist

SUBMISSION REQUIREMENTS:

Send one electronic (CD, flash drive, etc.) copy of all the documents identified in the table below to Ameer Welch (Dept of HUD; 909 1st Avenue, Suite 190; Seattle, WA 98104-1000).

OHP will email you with the instructions for sending hard copies – see Email Blast dated 1/15/2010.

Per 9/18/09 Email Blast, one hard copy of the following documents will be sent directly to the HUD Closing Attorney – instructions for such will be included in the email from OHP – please send in this order:

Copy of Email from OHP Underwriter that lists the documents

1. Underwriting Narrative (Exhibit 1-2)
2. Contact List (Exhibit 1-8)
3. Organizational Docs of Mortgagor (Exhibits 3-1 & 3-2).
4. Organizational Docs for principals of Mortgagor (if applicable) (Exhibits 4-1 & 4-2)
5. Organizational Docs of Operator/Lessee (Exhibits 5-1 & 5-2)
6. Operator Lease, Memorandum of Lease, & Estoppel Certificate, (if applicable) (Exhibit 5-11)
7. Master Lease (if applicable) (Exhibit 5-12)
8. Organizational Docs of Parent of Operator (if applicable) (Exhibits 6-1 & 6-2)
9. Organizational Docs of Management Agent (if applicable) (Exhibits 7-1 & 7-2)
10. Licenses (Exhibit 10-2)
11. Title (Exhibit 10-3)
12. Survey (Exhibit 10-4) (full size)
13. Evidence of compliance (zoning, building, etc.) (Exhibit 10-5)
14. Commercial Leases (if applicable) (Exhibit 10-8)
15. Ground Lease (if applicable) (Exhibit 10-9)
16. Accounts Receivable Documents (if applicable) (Exhibit 11-12)

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No.	Item	N/A	Incl.
Section 1: Underwriting			
1-1.	A. Check ¹ – FHA Application Fee (0.3% of Mortgage Amount) B. Check Transmittal Letter C. Completed Firm Application Checklist		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1-2.	A. Lender’s Underwriting Narrative ² (<i>Submit electronic version as a pdf and as a Word document</i>) B. Completed Risk Assessment Worksheet (<i>Submit only electronic- Excel Spreadsheet</i>)		<input type="checkbox"/> <input type="checkbox"/>
1-3.	HUD Underwriting Forms (<i>signed and dated by the Lender</i>) A. HUD-92264-HCF, Health Care Summary Appraisal Report B. HUD-92264-T, Rent Estimates for Low/Moderate Income Units (if applicable) C. HUD-92264-A, Supplement to Project Analysis 1. Format for Computing Fees in a Refinance or Purchase Transaction 2. Format for Computing Operating Deficit 3. Criterion 11, Amount based on Deduction of Grant(s), Loan(s) and Gift(s) (if applicable) 4. Maximum Amount Permitted to be Financed Through Promissory Notes (if applicable) D. HUD-92438, Underwriter Summary Report	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1-4.	Firm Commitment (DRAFT) with Special Conditions (<i>Submit electronic version as a Word document</i>) A. Special Conditions B. Exhibit A, Legal Description C. Exhibit B, Replacement Reserve Schedule (<i>include the Replacement Reserve Schedule from the Narrative and the Realty and Non-Realty Replacement Reserve Analysis completed by the PCNA contractor</i>) D. Exhibit C, List of Required Repairs (if applicable) E. Exhibit D, Index to Drawings and Specifications F. Exhibit E, List of Major Movable (<i>Note: “Exhibit A”, Exhibit B”, etc. must be displayed on the top of the document</i>)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1-5.	HUD-92329, Property Insurance Schedule (<i>signed and dated by the Lender</i>)		<input type="checkbox"/>
1-6.	Property Insurance Requirements A. HUD-92447, Property Insurance Requirements B. Update and Additional Property Insurance Requirements (Appendix 2, H 01-03)		<input type="checkbox"/> <input type="checkbox"/>
1-7.	Lender’s Consolidated Certification		<input type="checkbox"/>
1-8.	Contact List		<input type="checkbox"/>
1-9.	BPRS (<i>only required for paper 2530 submissions</i>): Verification that all applicable participants have completed their registration in the Business Partners Registration System (http://www.hud.gov/offices/hsg/mfh/apps/appsmfhm.cfm)	<input type="checkbox"/>	<input type="checkbox"/>
1-10.	Copies of any email guidance provided by HUD on this project before the submittal.	<input type="checkbox"/>	<input type="checkbox"/>
1-11.	Copy of previously signed HUD 2 (waiver form) and/or draft HUD 2.	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Third Party Reports³			
2-1.	Appraisal		<input type="checkbox"/>
2-2.	Market Study (if not provided in at pre-Application stage)		<input type="checkbox"/>
2-3.	Environmental A. Phase I Environmental Report B. Draft 4128 and additional reports, as applicable	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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No.	Item	N/A	Incl.
	C. Phase II Environmental Report (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	D. Biological Assessment (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	E. Operations & Maintenance Plan – Asbestos and LBP (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	F. Other: Specify, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
2-4.	Architectural Analyst Report		
	A. Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
	B. Seismic Analysis (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	C. Engineer & Specialty Reports (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
2-5.	Construction Cost Analyst Report		<input type="checkbox"/>
2-6.	Project Capital Needs Assessment (PCNA) for existing structure if costs are not included in Exhibit 2-5 (also provide any required specialty reports)		<input type="checkbox"/>
Section 3: Mortgagor			
3-1.	Organizational Chart		<input type="checkbox"/>
3-2.	Organizational Documents		
	A. Corporate	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Incorporation		<input type="checkbox"/>
	2. Bylaws		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	B. Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	1. Partnership Agreement		<input type="checkbox"/>
	2. Certificate of Partnership		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	C. Limited Liability Company	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Organization		<input type="checkbox"/>
	2. Operating Agreement		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
3-3.	Nonprofit Mortgagor ⁴	<input type="checkbox"/>	<input type="checkbox"/>
	A. HUD-3433, Eligibility as a Nonprofit	<input type="checkbox"/>	<input type="checkbox"/>
	B. Detailed explanation of motivations for project	<input type="checkbox"/>	<input type="checkbox"/>
3-4.	APPS Certification		<input type="checkbox"/>
	A. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) OR		
	B. APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)		
3-5.	Mortgagor's Consolidated Certification		<input type="checkbox"/>
3-6.	Credit Report		<input type="checkbox"/>
3-7.	Financial Statements – Year-to-Date ⁵		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>

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No.	Item	N/A	Incl.
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
3-8.	Financial Statements – FY 20XX⁷	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
3-9.	Financial Statements – FY 20XX⁷	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
3-10.	Financial Statements – FY 20XX⁷	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
Section 4: Principal of Mortgagor (complete for each principal)			
4-1.	Organizational Chart (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
4-2.	Organizational Documents (if applicable)		
	A. Corporate	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Incorporation		<input type="checkbox"/>
	2. Bylaws		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	B. Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	1. Partnership Agreement		<input type="checkbox"/>
	2. Certificate of Partnership		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>

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No.	Item	N/A	Incl.
	C. Limited Liability Company	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Organization		<input type="checkbox"/>
	2. Operating Agreement		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
4-3.	Resume'		<input type="checkbox"/>
4-4.	APPS Certification		<input type="checkbox"/>
	A. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) OR		
	B. APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)		
4-5.	Principal of Mortgagor Consolidated Certification		<input type="checkbox"/>
4-6.	Credit Report		<input type="checkbox"/>
	A. Principal of Mortgagor ⁸		<input type="checkbox"/>
	B. Sampling of Principal's Other Business Concerns (<i>from list attached to Consolidated Certification</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Section 5: Operator (Lessee)			<input type="checkbox"/>
5-1.	Organizational Chart		<input type="checkbox"/>
5-2.	Organizational Documents		
	A. Corporate	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Incorporation		<input type="checkbox"/>
	2. Bylaws		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	B. Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	1. Partnership Agreement		<input type="checkbox"/>
	2. Certificate of Partnership		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	C. Limited Liability Company	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Organization		<input type="checkbox"/>
	2. Operating Agreement		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
5-3.	A. Resume'		<input type="checkbox"/>
	B. Schedule of Facilities Owned, Operated or Managed	<input type="checkbox"/>	<input type="checkbox"/>
5-4.	APPS Certification		<input type="checkbox"/>
	A. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) OR		
	B. APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)		
5-5.	Operator's Consolidated Certification		<input type="checkbox"/>
5-6.	Credit Report		<input type="checkbox"/>
	A. Operator (Lessee)		<input type="checkbox"/>
	B. Sampling of Operator's Other Business Concerns (<i>from list attached to Consolidated Certification</i>)	<input type="checkbox"/>	<input type="checkbox"/>
5-7.	Financial Statements – Year-to-Date ⁵		

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No.	Item	N/A	Incl.
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
5-8.	Financial Statements – FY 20XX ⁷	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
5-9.	Financial Statements – FY 20XX ⁷	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
5-10.	Financial Statements – FY 20XX ⁷	<input type="checkbox"/>	<input type="checkbox"/>
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
5-11.	Operating Lease	<input type="checkbox"/>	<input type="checkbox"/>
5-12.	A. Master Lease (<i>with HUD Addendum</i>) – <i>Only Applies to Portfolios</i>	<input type="checkbox"/>	<input type="checkbox"/>
	B. Sublease		<input type="checkbox"/>
	C. Draft HUD Master Lease SNDA or Subordination Agreement (if related owner and		<input type="checkbox"/>

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No.	Item	N/A	Incl.
	operator) D. Draft HUD amendment to Operator LEAN Rider to Regulatory Agreement		<input type="checkbox"/>
Section 6: Parent of Operator			
6-1.	Organizational Chart		<input type="checkbox"/>
6-2.	Organizational Documents		
	A. Corporate	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Incorporation		<input type="checkbox"/>
	2. Bylaws		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	B. Partnership	<input type="checkbox"/>	<input type="checkbox"/>
	1. Partnership Agreement		<input type="checkbox"/>
	2. Certificate of Partnership		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
	C. Limited Liability Company	<input type="checkbox"/>	<input type="checkbox"/>
	1. Articles of Organization		<input type="checkbox"/>
	2. Operating Agreement		<input type="checkbox"/>
	3. Authorizing Resolutions		<input type="checkbox"/>
6-3.	A. Resume'		<input type="checkbox"/>
	B. Schedule of Facilities Owned, Operated or Managed		<input type="checkbox"/>
6-4.	This Item Intentionally Omitted	<input type="checkbox"/>	
6-5.	Parent of Operator's Consolidated Certification		<input type="checkbox"/>
6-6.	Credit Report		<input type="checkbox"/>
	A. Parent of Operator		<input type="checkbox"/>
	B. Sampling of Parent of Operator's Other Business Concerns (<i>from list attached to Consolidated Certification</i>)	<input type="checkbox"/>	<input type="checkbox"/>
6-7.	Financial Statements – Year-to-Date ⁵		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
6-8.	Financial Statements – FY 20XX ⁷	<input type="checkbox"/>	
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>

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No.	Item	N/A	Incl.
	B. Schedule of Facilities Owned, Operated or Managed	<input type="checkbox"/>	<input type="checkbox"/>
7-6.	APPS Certification A. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) OR B. APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)		<input type="checkbox"/>
7-7.	Management Agent's Consolidated Certification ¹⁰		
7-8.	Credit Report		<input type="checkbox"/>
Section 8: Contractor			
8-1.	This Item Intentionally Omitted	<input type="checkbox"/>	
8-2.	This Item Intentionally Omitted	<input type="checkbox"/>	
8-3.	Resume or AIA A305, Contractor's Qualification Statement		<input type="checkbox"/>
8-4.	APPS Certification A. Completed Paper HUD-2530 (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation) OR B. APPS Certification (with documentation for signature authority to sign for the entity & if applicable, with documentation for signature authority to sign for other principals with same participation)		<input type="checkbox"/>
8-5.	Contractor's Consolidated Certification		<input type="checkbox"/>
8-6.	Credit Report A. Contractor B. Sampling of Contractor's Other Business Concerns (<i>from list attached to Consolidated Certification</i>)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8-7.	Financial Statements – Year-to-Date ⁵ A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable 7. Schedule of Legal Proceedings 8. Schedule of Work in Progress B. Income and Expense Statement C. Financial Statement Certification ⁶	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8-8.	Financial Statements – FY20XX ⁵ A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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No.	Item	N/A	Incl.
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
8-9.	Financial Statements – FY20XX⁵		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
8-10.	Financial Statements – FY20XX⁵		
	A. Balance Sheet		<input type="checkbox"/>
	1. Aging of Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	2. Aging of Notes Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	3. Schedule of Pledged Assets	<input type="checkbox"/>	<input type="checkbox"/>
	4. Schedule of Marketable Securities	<input type="checkbox"/>	<input type="checkbox"/>
	5. Schedule of Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	6. Schedule of Notes and Mortgages Payable	<input type="checkbox"/>	<input type="checkbox"/>
	7. Schedule of Legal Proceedings	<input type="checkbox"/>	<input type="checkbox"/>
	B. Income and Expense Statement		<input type="checkbox"/>
	C. Financial Statement Certification ⁶		<input type="checkbox"/>
Section 9: Construction and Architectural Documents			
9-1.	Plans ¹¹ (to include separate plans for offsite construction)		<input type="checkbox"/>
9-2.	Specifications ¹¹ <i>Division I (which includes the wage decision and HUD-2554, Supplementary Conditions)</i>		<input type="checkbox"/>
9-3.	State Licensing Approval of Plans ¹²		<input type="checkbox"/>
9-4.	Soils Report and Foundation Analysis <i>(required if footprint is being altered)</i>	<input type="checkbox"/>	<input type="checkbox"/>
9-5.	HUD-2328, Contractor's and/or Mortgagor's Cost Breakdown		<input type="checkbox"/>
9-6.	Major Movable Equipment Schedule and Budget		
	A. Schedule and budget for new equipment	<input type="checkbox"/>	<input type="checkbox"/>
	B. Schedule and values for existing equipment	<input type="checkbox"/>	<input type="checkbox"/>
9-7.	Construction Progress Schedule per AIA A201 ¹³		<input type="checkbox"/>
9-8.	This Item Intentionally Omitted	<input type="checkbox"/>	
9-9.	Assurance of Completion ¹⁴		
	• Commitment Letter from Surety OR	<input type="checkbox"/>	<input type="checkbox"/>
	• Commitment Letter from Bank for Letter of Credit	<input type="checkbox"/>	<input type="checkbox"/>
9-10.	Owner-Architect Agreement on AIA Form B181 and Amendments		
	A. Design and Supervisory Architect	<input type="checkbox"/>	<input type="checkbox"/>
	B. Design Architect only	<input type="checkbox"/>	<input type="checkbox"/>
	C. Supervisory Architect only	<input type="checkbox"/>	<input type="checkbox"/>
	D. Other(s)	<input type="checkbox"/>	<input type="checkbox"/>
9-11.	Information regarding offsite storage of approved building materials, if applicable ¹⁵	<input type="checkbox"/>	<input type="checkbox"/>
9-12.	Design Architect Certification		<input type="checkbox"/>

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No.	Item	N/A	Incl.
10-10.	Real Estate Tax Abatement/Exemption (if applicable) A. Evidence of abatement or exemption B. Form FHA-1708, Agreement for Payment of Real Property Taxes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10-11.	Floodplain ¹⁹ (if not provided at Pre-Application stage) A. Evidence of participation in an early warning system B. Emergency evacuation and relocation plan C. Identification of evacuation route(s) out of the 500-year floodplain D. Identification marks of past or estimated flood levels on all structures E. Evidence that current or prospective tenants have been or will be informed of the flood hazard.	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10-12.	State Historic Preservation Office letter/requirements (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
10-13.	Easements and Maintenance Agreements A. Existing B. Proposed	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Section 11: Operations			
11-1.	As Rehabilitated Budget (12-months, including census mix and occupancy assumptions) A. Stabilized Operating Budget B. Lease-Up Operating Budget (monthly, from beginning occupancy to stabilized occupancy)		<input type="checkbox"/> <input type="checkbox"/>
11-2.	As Rehabilitated Staffing schedule (including job titles, salaries, and full time equivalents (FTEs))		<input type="checkbox"/>
11-3.	Financial Statements for Operations– Year-to-Date ^{5/20} A. Balance Sheet 1. Aging of Accounts Receivable 2. Aging of Notes Receivable 3. Schedule of Pledged Assets 4. Schedule of Marketable Securities 5. Schedule of Accounts Payable 6. Schedule of Notes and Mortgages Payable 7. Schedule of Legal Proceedings B. Income and Expense Statement C. Financial Statement Certification ⁶	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11-4.	Financial Statements for Operations – FY 20XX ^{20/24} A. Balance Sheet B. Income and Expense Statement C. Financial Statement Certification ⁶	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11-5.	Financial Statements for Operations – FY 20XX ^{20/24} A. Balance Sheet B. Income and Expense Statement C. Financial Statement Certification ⁶	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11-6.	Financial Statements for Operations – FY 20XX ^{20/24} A. Balance Sheet B. Income and Expense Statement C. Financial Statement Certification ⁶	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11-7.	Census history, by month and payment source A. Year-to-date B. FY 20XX		<input type="checkbox"/> <input type="checkbox"/>

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No.	Item	N/A	Incl.
	C. FY 20XX D. FY 20XX		<input type="checkbox"/> <input type="checkbox"/>
11-8.	Reimbursement A. Resource Utilization Group (RUG) census data for last 12-months, including HUD Certification & Warning. <i>Note: Certification & Warning must be signed and dated by the borrower/operator. (SN Only)</i> B. Evidence of Medicaid Rate (if applicable)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11-9.	Rent rolls ²¹ last 3 months, including HUD certification and warning (<i>Note: Certification & Warning must be signed and dated by the borrower/operator.</i>) (ALF/B&C Only)	<input type="checkbox"/>	<input type="checkbox"/>
11-10.	State licensing inspection reports for last 3-years/last 3 inspections ⁷	<input type="checkbox"/>	<input type="checkbox"/>
11-11.	Facility Administrator A. Resume' B. License (if applicable)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11-12.	Account receivable (A/R) financing documentation A. Revolving Loan Note B. Loan Agreement C. Lessee Security Agreement D. UCC-1 Filings (all) E. Guarantees (if applicable) F. Intercreditor Agreement (ICA) between A/R Lender and FHA Lender G. HUD Rider to Intercreditor Agreement H. Deposit Control Agreement I. Lock-box Agreement or equivalent control agreement J. Draft Mortgagor Attorney's Opinion K. Draft Operator/Lessee Regulatory Agreement L. Rider including all required A/R Conditions M. Accounts Receivable Financing Certifications (Format posted to HUD.GOV)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11-13.	Example of Resident Care and/or Rental Agreement(s) for the facility.		<input type="checkbox"/>
11-14.	Example of Provider Agreement(s) for the facility.		<input type="checkbox"/>
11-15.	HUD-935.2A, Affirmative Fair Housing Marketing Plan		<input type="checkbox"/>
11-16.	<u>Relocation Plan and Budget</u>		
Section 12: Professional Liability Insurance (PLI)²²			
12-1.	Schedule of Facilities Covered by PLI Policy.		<input type="checkbox"/>
12-2.	State licensing inspection reports – for facilities identified on insured's Schedule of Facilities Owned, Operated or Managed. Lender must submit copies of inspection reports for the facilities that have <u>open</u> level "G" or higher citations/deficiencies. The Lender must address any issues/risks associated with the reports and show how they would be mitigated. If no open/unresolved level G or higher deficiencies, this should be stated. Note: If any facility has recent (within last 2 years) <u>resolved</u> "G" or higher citations/deficiencies, the Lender must address this in the Narrative, however, a copy of the report is not required.		<input type="checkbox"/>
12-3.	Loss history		<input type="checkbox"/>

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No.	Item	N/A	Incl.
12-4.	Potential claims certification		<input type="checkbox"/>
12-5.	Evidence of PLI coverage for statute of limitations period (<i>provide documentation from the state which shows statute of limitation period</i>)		<input type="checkbox"/>
12-6.	Evidence of current PLI cost		<input type="checkbox"/>
12-7.	Evidence of Insurer's Rating (<i>Print-out from Best Rating or Insurer's signed opinion</i>)		<input type="checkbox"/>
12-8.	Actuarial study, most recent ²³ (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Section 13: Additional Funding Sources			
13-1.	Grants and/or Loan • Commitment letter (specifying amount, intended use, conditions)	<input type="checkbox"/>	<input type="checkbox"/>
13-2.	Bond Financing • Itemized costs of issuance, discounts and financing fees to be paid out of pocket by mortgagor and explanation regarding the necessity of each cost.	<input type="checkbox"/>	<input type="checkbox"/>
13-3.	Tax Credits A. Letter of commitment from tax credit syndicator or investor (specifying equity amount and pay-in schedule) B. Acknowledgment/Release (Addendum 9 of HUD Notice H 95-4) C. Reservation, executed copy D. Source and Use Statement (Addendum 4 of HUD Notice H 95-4) E. HUD-2880, Applicant/Recipient Disclosure/Update Report F. Bridge Loan agreements G. Subsidy layering review (if applicable)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

FOOTNOTES:

- 1 - Please have check include reference to project name, location, mortgagee number, and purpose – FHA application fee.
- 2 - Lender shall not make any alterations to the narrative format. If a particular section does not apply within the narrative, it should specifically be noted as NOT APPLICABLE.
- 3 - All third party reports must be submitted within 180 days of the date of inspection.
- 4 - Nonprofit Mortgagor documentation only required when the nonprofit loan constraints are used.
- 5 - Year-to-date statements: No more than 3 months can have expired since the closing date of the latest unaudited statement. No more than 6 months can have passed since the statements were audited by a CPA/IPA.
- 6 - Audited financial statements are preferred but owner-prepared statements will be accepted. All financial statements, audited and owner-prepared, will need to be certified by the entity with signature authority for that financial statement.
- 7 - Business entities must submit this exhibit for the lesser of the last 3 years or the length of existence.
- 8 - If a principal is a business entity (i.e. corporation, partnership) with an operating history, a credit report will be required only on the business firm, not the owners of the firm.
- 9 - See Matrix below to determine which items in this Section need to be provided with the application:

Scenario #	Description of Participant Roles	Note	Checklist Items to Complete
1	Mortgagor is Owner/Operator. One entity		Nothing from Section 7
2	Mortgagor has a Management Agent		All of Section 7
3	Mortgagor owns building and land, and leases to Operator who holds the license. There is no Management Agent.		Nothing from Section 7
4	Mortgagor owns building and land, and leases to Operator. There is also a Management Agent.		7-4; 7-5; 7-6; 7-7; 7-8

10 - This consolidated certification is in addition to the form HUD-9839.

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11 - Plans provided with the Firm Application must be complete and reflect the facility is ready to be built. Hard copies of the plans are not required; however, a PDF, electronic version must be provided. Division I of the specifications (which includes the wage decision and HUD-2554, Supplementary Conditions) must be provided in a PDF, electronic version with the application. Note that the Lender's Architectural Reviewer is still required to review the complete specifications.

12 - Provide documentation from the State licensing authority demonstrating that any required plan reviews have been completed. If the State is unwilling to prepare a letter, provide copies of review comments or a certification from the mortgagor's design architect that the appropriate reviews have been requested from the State.

13 - Form AIA A201 is the General Conditions and includes guidance within the document for a construction progress schedule. That guidance should be used to create the schedule.

14- Provide evidence of the General Contractor's ability to obtain sufficient bonding or letters of credit. Sufficient assurance is as follows:

- a) For non-elevator or three story or less elevator buildings where the cost of construction or rehabilitation is more than \$500,000, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 15% of the HUD estimate of construction or rehabilitation cost.
- b) For elevator buildings of 4 stories or more, the assurance shall be in the form of corporate surety bonds for payment and performance, each in the amount of 100% of HUD's estimate of construction or rehabilitation cost including an imposed builder's profit. As an option, HUD would accept a completion assurance agreement secured by a cash deposit or Letter of Credit in the amount of 25% of HUD's estimate of construction or rehabilitation cost. The mortgagee may provide more stringent requirements.

15 - Refer to HUD Inspector and A&E Scopes of Work for guidance on building materials that can be stored offsite and for items required for approval of offsite storage of building materials.

16 - For mortgages currently insured by HUD, prepayment approval must be obtained from HUD prior to submission of the application.

17 - Intergovernmental Review is only required in States that participate in Single Point of Contact Process (SPOC). The website http://www.whitehouse.gov/omb/grants_spoc/ currently lists these states. The submittal to the SPOC must include a completed form SF-424. The SPOC has 30 days from receipt to reply. If they do not reply to you within that timeline, you can assume that the Intergovernmental Review is complete.

18 - If the regulatory entity that issues the license(s) does not allow application for license(s) at the time of Firm Application submission, in lieu of exhibit 10-2 B., HUD will accept a letter from the entity applying for the license(s), which covers the following: an explanation of the application process (with documented verification from licensing entity), identification of the entity that is anticipated to hold the license(s), and the number of beds that will be covered by the license(s).

19 - Floodplain information is only required if the property is located in a 100- or 500-year floodplain.

20 - Operating Financial Statements provided here should pertain only to the operation of the subject facility. If this facility is the only facility owned and operated by the Mortgagor or operated by the Lessee, these statements may be the same as the Mortgagor's or Operator/Lessee's financial statements.

21 - Rent roll data will include room number, room type (studio, one bedroom, etc.), occupancy status (occupied/unoccupied), and rental rate.

22 - Professional liability insurance documentation requirements only apply to the insured party providing the coverage and exclude additional named insured parties.

23 - Actuarial study only required if the Insured participates in more than 50 healthcare facilities.

24- In circumstances beyond the mortgagor's control where the required financial statements are not available, the mortgagor must submit: (a) Evidence satisfactory to the Lender that the financial statements are not obtainable; and (b) The project financial statements that are available including an owner certified balance sheet and operating statement. The Lender's case file must contain a statement from the mortgagor that explains why all the required records are not obtainable and a memorandum from the Lender to Roger E. Miller, Director, Office of Healthcare Programs (OHP) stating that he/she has evaluated the mortgagor's statement and agrees that the information is not available.

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