

**Schedule of Facilities
Owned, Operated or
Managed**

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

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

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**Schedule of Facilities
Owned, Operated or
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For: Section 232

Public reporting burden for this collection of information is estimated to average 1.25 hours. 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)

For: **Entity Name**

Facility (name, address)	Other Information	Roles	Facility Type
Name of Facility Address Line 1 Address Line 2 Beds:	<input type="checkbox"/> Open judgments or legal actions [†] <input type="checkbox"/> Any bankruptcy claims [†] <input type="checkbox"/> Open professional liability insurance claims [†] <input type="checkbox"/> Open State findings ^{††}	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Management Agent <input type="checkbox"/> License Holder	<input type="checkbox"/> Independent <input type="checkbox"/> Board & Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Skilled Nursing
Beds:	<input type="checkbox"/> Open judgments or legal actions [†] <input type="checkbox"/> Any bankruptcy claims [†] <input type="checkbox"/> Open professional liability insurance claims [†] <input type="checkbox"/> Open State findings ^{††}	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Management Agent <input type="checkbox"/> License Holder	<input type="checkbox"/> Independent <input type="checkbox"/> Board & Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Skilled Nursing
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	<input type="checkbox"/> Open judgments or legal actions [†]	<input type="checkbox"/> Owner	<input type="checkbox"/> Independent

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Beds:	<input type="checkbox"/> Any bankruptcy claims [†] <input type="checkbox"/> Open professional liability insurance claims [†] <input type="checkbox"/> Open State findings ^{††}	<input type="checkbox"/> Operator <input type="checkbox"/> Management Agent <input type="checkbox"/> License Holder	<input type="checkbox"/> Board & Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Skilled Nursing
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Additional pages attached.

Initial: _____

[†] If checked, attach a detailed explanation on a separate sheet.

[‡] Only check if there are open instances of actual harm and/or immediate jeopardy (G or higher for skilled nursing)