

Lender's FHA Number Request

To be used on all LEAN Section 232 Projects

Lender's FHA Number Request Section 232

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 .5 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)

The following information shall be provided as either an attachment to an email or in the body of an email sent to Rasheedah Dix in Detroit (Rasheedah.C.Dix@hud.gov)-OHP. Data must be provided for every field.

Project Name:	_____
Type of Project:	223f; 232NC, 223a7, 232SR, 223d, 241a, or 232BR, or 232i*.
Current FHA Number:	Not Applicable or XXX-XXXXXX
Type If 223a7, type of Processing-current loan?	Direct to Firm or 2 Stage Firm 223f; 232NC, 232SR, 223d, 241a, or 232i*.
Type of Activity (if 223f):	Refinance / Purchase
Type of Mortgage Insurance:	Insurance Upon Completion or Insured Advances
Mortgagor Type:	Profit / Nonprofit
Mortgage Amount:	\$ _____
Permanent Interest Rate:	_____
Mortgagee ID Number:	_____
Mortgagee Name:	_____
# of Nursing Home (SNF):	_____ Beds
# of Intermediate Care:	_____ Beds
# of Assisted Living:	_____ Units
# of Memory Care:	_____ Beds
# of Board & Care:	_____ Units
# of Independent:	_____ Units
# of Other Type Facility:	_____ Beds
Project Street Address:	_____
Project City:	_____
Project State:	_____
Project Zip Code:	_____
Project's Congressional	_____

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District: _____

Is Project Processed TAP? No Yes

Is this a Portfolio Project (requiring HUD HQ's Review) - see Notice 01-03?

No Yes - if submitted, list date sent to HQ below

Is this a small size portfolio (per Notice 01-03)?

No Yes - if yes, list FHA Project Numbers of related projects that are expected to be processed at the same time below

Is other financing involved?

No Yes, describe below: _____

Check all that apply:

LIHTC Tax-Exempt Bonds
 HOME CDBG HOPE VI

Mortgagee Contact Name: _____

Mortgagee Contact Email: _____

xx@xx

Mortgagee Contact Phone: _____

xxx-xxx-xxxx

The 5 Below Questions Pertain only to Portfolios (whether Small, Mid/Size or Large)

Is this a Mid/Large size Portfolio Project (requiring HUD HQ's Review) - see Notice 01-03?

No Yes

Is this a small size portfolio (per Notice 01-03)?

No Yes

Will there be a master lease?

No Yes

If Portfolio, is there more than one lender submitting?

No Yes

Identify related projects by FHA #¹

¹ HUD would like to identify related projects so they can be assigned to the same attorney, or the assigned attorneys can coordinate their reviews. Please identify any related projects, whether they are in the HUD portfolio, in process, or will be submitted to HUD in the foreseeable future. Typically, related projects are owned by owners with the same principals, or operated by operators with the same principals.

* NC = New Construction; SR = Sub. Rehab.; 232(i) = Fire Safety Equipment; BR = Blended
Rate (both NC and Existing)
~~Version: 4/20/11~~