

Certification of Outstanding Obligations

for Section 232/223(f)

Additional Page

Certification of Outstanding Obligations
 Mortgage: Section 232/223(f)

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

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

Formatted Table
 Inserted Cells

Project: _____

Lender / Obligor (name, address)	Balance (\$)	Other Information	
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 2 years old <input type="checkbox"/> not to be paid off	Loan #: _____ Contact: _____ Contact Phone: _____

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)

_____	<input type="checkbox"/> not to be paid off	Contact Phone: _____
-------	---	----------------------

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)

Mortgagor: Mortgagor Name

Project: Project Name

Project Location: Project City, State

I, the undersigned, HEREBY CERTIFY that to the best of my knowledge and belief, the following list identifies all outstanding obligations of the Mortgagor and the property:

Lender / Oblige (name, address)	Balance (\$)	Other Information	
<u>Lender Name</u> <u>Address Line 1</u> <u>Address Line 2</u>	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 1 year old <input type="checkbox"/> not to be paid off	<u>Loan #:</u> _____ <u>Contact:</u> _____ <u>Contact Phone:</u> _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 1 year old <input type="checkbox"/> not to be paid off	<u>Loan #:</u> _____ <u>Contact:</u> _____ <u>Contact Phone:</u> _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 1 year old <input type="checkbox"/> not to be paid off	<u>Loan #:</u> _____ <u>Contact:</u> _____ <u>Contact Phone:</u> _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 1 year old <input type="checkbox"/> not to be paid off	<u>Loan #:</u> _____ <u>Contact:</u> _____ <u>Contact Phone:</u> _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 1 year old <input type="checkbox"/> not to be paid off	<u>Loan #:</u> _____ <u>Contact:</u> _____ <u>Contact Phone:</u> _____
_____ _____ _____	_____	<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured <input type="checkbox"/> less than 1 year old <input type="checkbox"/> not to be paid off	<u>Loan #:</u> _____ <u>Contact:</u> _____ <u>Contact Phone:</u> _____

Additional pages attached.

Signature.

The individual signing below on behalf of the Mortgagor certifies that he/she is an authorized representative of the Mortgagor and has sufficient knowledge to make this certification on behalf of the Mortgagor.

Executed this _____ day of _____, 20____.

By: _____
Signature

(Printed Name & Title)