

**Lender's FHA Number Request**  
Section 232

**U.S. Department of Housing  
and Urban Development**  
Office of Residential  
Care Facilities

OMB Approval No. 2502-0605  
(exp. mm/dd/yyyy)

**Public reporting burden** for this collection of information is estimated to average 2 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. 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.

**Warning:** Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

Data must be provided for every field.

**Application General Information**

|                                 |                      |                         |                      |
|---------------------------------|----------------------|-------------------------|----------------------|
| Project Name                    | <input type="text"/> | Borrower Type           | <input type="text"/> |
| Type of Project                 | <input type="text"/> |                         |                      |
| Current FHA Project #           | <input type="text"/> | Loan Amount             | <input type="text"/> |
| Type of Current Loan (if 223a7) | <input type="text"/> | Permanent Interest Rate | <input type="text"/> |
| Type of Activity (if 223f)      | <input type="text"/> |                         |                      |
| Type of Mortgage Insurance      | <input type="text"/> |                         |                      |
| Project Street Address          | <input type="text"/> | Congressional District  | <input type="text"/> |
| Project City                    | <input type="text"/> |                         |                      |
| Project State                   | <input type="text"/> | Project Zip Code        | <input type="text"/> |
| Lender Name                     | <input type="text"/> | Lender ID #             | <input type="text"/> |
| Lender Contact Name             | <input type="text"/> |                         |                      |
| Lender Contact Email            | <input type="text"/> |                         |                      |
| Lender Contact Phone            | <input type="text"/> |                         |                      |

**Project Characteristics**

|                            |                      |       |                  |                      |
|----------------------------|----------------------|-------|------------------|----------------------|
| # of Nursing Home (SNF)    | <input type="text"/> | Beds  | LIHTC            | <input type="text"/> |
| # of Intermediate Care     | <input type="text"/> | Beds  | Tax-Exempt Bonds | <input type="text"/> |
| # of Assisted Living (ALF) | <input type="text"/> | Units | HOME             | <input type="text"/> |
| # of Memory Care           | <input type="text"/> | Beds  | CDBG             | <input type="text"/> |
| # of Board & Care          | <input type="text"/> | Units | Other            | <input type="text"/> |
| # of Independent           | <input type="text"/> | Units |                  |                      |
| # of Other Type Facility   | <input type="text"/> | Beds  |                  |                      |

(Check as applicable)

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**Projects with Common Control (whether part of a Small, Mid/Size or Large Portfolio)\***

|                           |  |                                 |
|---------------------------|--|---------------------------------|
| Mid/Large size portfolio? |  | <i>(Requires HUD HQ Review)</i> |
| Small size portfolio?     |  |                                 |
| Master lease proposed?    |  |                                 |

|                                                     |  |
|-----------------------------------------------------|--|
| Portfolio Name                                      |  |
| Portfolio Number                                    |  |
| Identify Projects with<br>Common Control by<br>FHA# |  |

\* Follow existing Office of Residential Care Facilities (ORCF) Guidance related to what constitutes projects with common control (whether a Small, Mid/ Size, or Large portfolio). It is important to identify related projects so HUD can employ economies of scale in OGC and underwriting reviews.