

GUIDE FORM - NEW FINAL APPROVAL LETTER  
 (See Appendix 3, Instructions for Preparation of FHA Form No. 2013, for amounts to be inserted. Use only one column.)

|  | <u>New Facility</u> | <u>Existing Facility</u> |                       |
|--|---------------------|--------------------------|-----------------------|
|  | (A)                 | Property Owned<br>(B)    | To Be Acquired<br>(C) |
| 1. Total construction cost per contract(s).....  | _____               | _____                    | _____                 |
| 2. <u>Fees</u>   |                     |                          |                       |
| Design architect .....   | _____               | _____                    | _____                 |
| Supervisory architect .....  | _____               | _____                    | _____                 |
| Appraisal .....  | _____               | _____                    | _____                 |
| Other (identify).....  | _____               | _____                    | _____                 |
| 3. <u>Other</u>  |                     |                          |                       |
| Site demolition costs .....  | _____               | _____                    | _____                 |
| Survey and soil testing .....  | _____               | _____                    | _____                 |
| Other (identify) .....   | _____               | _____                    | _____                 |
| 4. Cost of major movable equipment and fixed equipment not in construction contracts ..... | _____               | _____                    | _____                 |
| 5. Total for all improvements and equipment .....  | =====               | =====                    | =====                 |
| 6. <u>Carrying Charges and Financing</u>   |                     |                          |                       |
| Interest .....   | _____               | _____                    | _____                 |
| Taxes.....   | _____               | _____                    | _____                 |
| Insurance .....  | _____               | _____                    | _____                 |
| FHA mortgage insurance premium .....   | _____               | _____                    | _____                 |
| FHA examination fee .....  | _____               | _____                    | _____                 |
| FHA inspection fee .....   | _____               | _____                    | _____                 |
| Financing expense.....   | _____               | _____                    | _____                 |
| Placement fee.....   | _____               | _____                    | _____                 |
| AMPO (nonprofit only).....   | _____               | _____                    | _____                 |
| Title and recording expense.....   | _____               | _____                    | _____                 |
| 7. <u>Legal and Organization</u>   |                     |                          |                       |
| Legal.....   | _____               | _____                    | _____                 |
| Organization.....  | _____               | _____                    | _____                 |
| Consultant (nonprofit only).....   | _____               | _____                    | _____                 |
| 8. Total estimated replacement cost (Exclusive of land and existing improvements).....     | =====               | =====                    | =====                 |
| 9. (A) Land (As-is appraised value).....   | _____               | _____                    | _____                 |
| (B) <u>Property owned</u>  |                     |                          |                       |
| Land and existing improvements   |                     |                          |                       |
| \$ _____ x 90% = \$ _____  |                     |                          |                       |
| Existing indebtedness \$ _____   |                     |                          |                       |
| Lesser amount to Col. B.   |                     | _____                    |                       |
| (C) <u>To be acquired</u>  |                     |                          |                       |
| Land and existing improvements   |                     |                          |                       |
| \$ _____   |                     |                          |                       |
| Purchase price \$ _____  |                     |                          |                       |
| Lesser amount to Col. C.   |                     |                          | _____                 |
| 10. Total  | =====               | =====                    | =====                 |

|   | New Facility | Existing Facility  |                    |
|---|--------------|--------------------|--------------------|
|   | (A)          | Property Owned (B) | To Be Acquired (C) |
| Maximum insurable mortgage (Not to exceed \$50,000,000)                   |              |                    |                    |
| Column (A) Item 10 x 90%.....   |              |                    |                    |
| Column (B) Item 10 x 100%.....  |              |                    |                    |
| Column (C) Item 10 x 90%.....   |              |                    |                    |
| Amount that can be paid off from project net income, as approved by HEW.* |              |                    |                    |

\*This figure is determined by HEW and must take into consideration, among other factors, the amounts of Hill-Burton and other grants and approved loans, if they exist.

Estimated construction period \_\_\_\_\_ months.  
 Due date of first principal payment, \_\_\_\_\_ months after estimated date of completion of construction.  
 Mortgagor (is, not) exempt from real estate taxes.  
 Amount of real estate taxes (if any):  
 During construction \$ \_\_\_\_\_  
 During Operation-Annual \$ \_\_\_\_\_

Amount of annual deposit to Reserve Fund for Replacements (Proprietary only) \$ \_\_\_\_\_

Amount of operating deficit (if any) \$ \_\_\_\_\_ to be held \_\_\_\_\_ months.

Other remarks and requirements:

CERTIFICATION OF APPROVAL

I. Legal Name of Applicant \_\_\_\_\_ Address \_\_\_\_\_

Hereby certifies that for any construction described in its application and the plans and specifications attached thereto it will comply with all requirements, assurances, and representations relating to such construction and the operation and maintenance of the facility of facilities constructed

Name and Title of Responsible Officer \_\_\_\_\_ Signature of Responsible Off. \_\_\_\_\_ Date \_\_\_\_\_  
 (Type or Print)

Certification of approval by HEW

On behalf of the Secretary, Department of Health, Education, and Welfare,

I certify approval of the application for mortgage insurance under the

\_\_\_\_\_ for  
 (Applicable Federal Act(s))

\_\_\_\_\_ (Construction Project Description or Designation)

by \_\_\_\_\_  
 (Legal Name of Applicant)

Date \_\_\_\_\_ NAME AND TITLE OF OFFICER \_\_\_\_\_