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| --- | --- | --- |
| **Firm Application Checklist**  Section 232(i) – Fire Safety Equipment  Non FHA-insured |  | **U.S. Department of Housing**  **and Urban Development**  Office of Residential Care Facilities |

**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)

|  |
| --- |
| Project Name: |
| **Project Number:** |

**SUBMISSION REQUIREMENTS:**

* Upload one electronic copy of all the documents identified in the table below to the Section 232 Portal for receipt of the Firm Application submission.
* Lenders are not required to submit N/A exhibits, but if choosing to do so, please identify that it is “N/A” in the document name. For example, “2-3.B\_NA-Phase II Environmental Report.”
* For “Other” documents that are not standard Checklist exhibits, please add a descriptor to the file name so that files are more easily identified. For example, “2.3E\_Other Specify-Tank Closure.”

| **No.** | **Item** | **N/A** | **Incl.** |
| --- | --- | --- | --- |
| **Section 1: Underwriting** | | | |
|  | 1. Payment receipt – FHA Application Fee (0.4% of Mortgage Loan Amount)   Payment receipt generated by Pay.gov   1. Section 232(i) Firm Application Checklist 2. HUD-90022-ORCF, Certification for Submission of Electronic Firm Application |  |  |
|  | HUD-90010-ORCF, Lender Narrative  Submit electronic versions in both Word and PDF document format.Do not alter the narrative format; if a particular section does not apply, it should be noted as Not Applicable. |  |  |
|  | HUD-92264A-ORCF, Maximum Insurable Loan Calculation |  |  |
|  | Section 232(i) Firm Commitment  Submit electronic draft version in a Word document.Please include the exhibit number and title at the top of the page of the following exhibits to the Firm Commitment.   1. Exhibit A, Legal Description 2. Exhibit B, Replacement Reserve Schedule 3. C.1. Exhibit C, List of Required Repairs (if applicable) 4. Intentionally Omitted 5. Master Lease List of Properties (optional supplement) 6. Accounts Receivable Financing Terms Memo (optional supplement) |  |  |
|  | HUD-90012-ORCF, Consolidated Certifications – Lender |  |  |
|  | HUD-90024-ORCF, Contact List  Submit electronic version in a Word document. |  |  |
|  | Copies of any email guidance provided by HUD on this project before the submittal. |  |  |
|  | HUD-2-ORCF, Request for Waiver of Housing Directive  Submit electronic version in a Word document. |  |  |
|  | Intentionally Omitted |  |  |
|  | Intentionally Omitted |  |  |
| **Section 2: Third Party Reports** | | | |
|  | 1. Intentionally Omitted 2. Intentionally Omitted |  |  |
|  | 1. Project Capital Needs Assessment (PCNA) (or Borrower Certification on Property Condition Issues)   B. Intentionally Omitted   1. Intentionally Omitted 2. Intentionally Omitted 3. Intentionally Omitted 4. Intentionally Omitted 5. Intentionally Omitted 6. Intentionally Omitted 7. Intentionally Omitted |  |  |
|  | Environmental   1. Phase I Environmental Report 2. Intentionally Omitted 3. Intentionally Omitted 4. Intentionally Omitted 5. Intentionally Omitted |  |  |
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| **Section 3: Borrower** | | | |
|  | Organizational Chart |  |  |
|  | Organizational Documents   |  |  | | --- | --- | | Corporation | Partnership | | A. Articles of Incorporation | A. Partnership Agreement | | B. Bylaws | B. Certificate of Partnership | | C. Authorizing Resolutions | C. Authorizing Resolutions | | LLC | Trust | | A. Articles of Organization | A. Trust Agreement | | B. Operating Agreement | B. Certification or Affidavit of Trust | | C. Authorizing Resolutions | C. N/A | |  |  |
|  | HUD-90013-ORCF, Consolidated Certifications – Borrower  Part VI Parties to the Transaction, Part XIII Section 223(d) Certifications, Part XV Certification of Multiple Projects for Section 223(a)(7), are NOT required to be completed.  Previous Participation Certification:  See Housing Notice 2016-15 for additional guidance on the Previous Participation Certification   * 1. Complete HUD-90013-ORCF, Part IX Previous Participation, include Attachment 1, and Register Controlling Participants in the Business Partner Registration System (BPRS)   **OR**   1. Active Partners Performance System (APPS) Submittal: Previous Participation Certification via APPS. Include a copy of the signature pages in the application. |  |  |
|  | Credit Report |  |  |
|  | Financial Statements – Year-to-Date   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements – FY 20XX   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements – FY 20XX   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements – FY 20XX   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Intentionally Omitted |  |  |
|  | Intentionally Omitted |  |  |
|  | Intentionally Omitted |  |  |
|  | Intentionally Omitted |  |  |
| **Section 4: Principal of Borrower** ***<Name of Principal>*** | | | |
| Duplicate this section and include the name of the principal for each Principal of the Borrower. Include individuals and entities providing financial capacity and operating experience. | | | |
|  | Organizational Chart |  |  |
|  | Organizational Documents   |  |  |  | | --- | --- | --- | | Corporation | Partnership |  | | A. Articles of Incorporation | A. Partnership Agreement |  | | B. Bylaws | B. Certificate of Partnership |  | | C. Authorizing Resolutions | C. Authorizing Resolutions |  | | LLC | Trust |  | | A. Articles of Organization | A. Trust Agreement |  | | B. Operating Agreement | B. Certification or Affidavit of Trust |  | | C. Authorizing Resolutions | C. N/A |  | |  |  |
|  | Resume/Evidence that individual or entity is qualified |  |  |
|  | HUD-90014-ORCF, Consolidated Certifications – Principal of the Borrower  Part VIII Parties to the Transaction, and Attachment 1 are NOT required to be completed.  Previous Participation Certification:  See Housing Notice 2016-15 for additional guidance on the Previous Participation Certification   1. Complete HUD-90014-ORCF, Part VII Previous Participation, include Attachment 1 and Register Controlling Participants in the Business Partner Registration System (BPRS)   **OR**   1. APPS Submittal: Previous Participation Certification via APPS. Include a copy of the signature pages in the application. |  |  |
|  | Credit Report   1. Principal of Borrower If a principal is a business entity (i.e., corporation, partnership) with an operating history, a credit report is required only on the business firm, not the owners of the firm. 2. Sampling of Principal’s Other Business Concerns ***(from list attached to Consolidated Certification)*** |  |  |
|  | Intentionally Omitted |  |  |
|  | Intentionally Omitted |  |  |
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| **Section 5: Operator** | | | |
|  | Organizational Chart |  |  |
|  | Organizational Documents   |  |  |  | | --- | --- | --- | | Corporation | Partnership |  | | A. Articles of Incorporation | A. Partnership Agreement |  | | B. Bylaws | B. Certificate of Partnership |  | | C. Authorizing Resolutions | C. Authorizing Resolutions |  | | LLC | Trust |  | | A. Articles of Organization | A. Trust Agreement |  | | B. Operating Agreement | B. Certification or Affidavit of Trust |  | | C. Authorizing Resolutions | C. N/A |  | |  |  |
|  | Resume/ Evidence that individual or entity is qualified |  |  |
|  | HUD-90015-ORCF, Consolidated Certifications – Operator  Previous Participation Certification: See Housing Notice 2016-15 for additional guidance on the Previous Participation Certification   1. Complete HUD-90015-ORCF, Part VIII Previous Participation, include Attachment 1 and Register Controlling Participants in the Business Partner Registration System (BPRS)   **OR**   1. APPS Submittal: Previous Participation Certification via APPS. Include a copy of the signature pages in the application. |  |  |
|  | Credit Report for Operator |  |  |
|  | Financial Statements – Year-to-Date   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements – FY 20XX   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements – FY 20XX   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements – FY 20XX   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | 1. Operating Lease with HUD-91116-ORCF, Addendum to Operating Lease 2. Memorandum of Lease 3. HUD-91110-ORCF, Subordination, Non-Disturbance and Attornment Agreement of Operating Lease (SNDA) Required only for non-related borrowers and operators. 4. HUD-91117-ORCF, Operator Estoppel Certificate |  |  |
| **Section 6: Parent of Operator** | | | |
|  | Organizational Chart |  |  |
|  | Organizational Documents   |  |  |  | | --- | --- | --- | | Corporation | Partnership |  | | A. Articles of Incorporation | A. Partnership Agreement |  | | B. Bylaws | B. Certificate of Partnership |  | | C. Authorizing Resolutions | C. Authorizing Resolutions |  | | LLC | Trust |  | | A. Articles of Organization | A. Trust Agreement |  | | B. Operating Agreement | B. Certification or Affidavit of Trust |  | | C. Authorizing Resolutions | C. N/A |  | |  |  |
|  | Resume/ Evidence that individual or entity is qualified |  |  |
|  | HUD-90016-ORCF, Consolidated Certifications – Parent of Operator |  |  |
|  | Credit Report   1. Parent of Operator 2. Sampling of Parent of Operator’s Other Business Concerns *(****from list attached to Consolidated Certification)*** |  |  |
|  | Financial Statements – Year-to-Date   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements – FY 20XX   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Income and Expense Statement 5. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements – FY 20XX   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Income and Expense Statement 5. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements – FY 20XX   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Income and Expense Statement 5. HUD-91126-ORCF, Financial Statement Certification |  |  |
| **Section 7: Management Agent** | | | |
|  | Organizational Chart |  |  |
|  | Organizational Documents   |  |  |  | | --- | --- | --- | | Corporation | Partnership |  | | A. Articles of Incorporation | A. Partnership Agreement |  | | B. Bylaws | B. Certificate of Partnership |  | | C. Authorizing Resolutions | C. Authorizing Resolutions |  | | LLC | Trust |  | | A. Articles of Organization | A. Trust Agreement |  | | B. Operating Agreement | B. Certification or Affidavit of Trust |  | | C. Authorizing Resolutions | C. N/A |  | |  |  |
|  | HUD-9839-ORCF, Management Certification – Residential Care Facility |  |  |
|  | Management Agreement and Form HUD-92071-ORCF, Management Agreement Addendum |  |  |
|  | Resume/ Evidence that individual or entity is qualified |  |  |
|  | HUD-90017-ORCF, Consolidated Certification-Management Agent  Previous Participation Certification:  See Housing Notice 2016-15 for additional guidance on the Previous Participation Certification   1. . Complete HUD-90017-ORCF, Part VIII Previous Participation, include Attachment 1 and Register Controlling Participants in the Business Partner Registration System (BPRS)   **OR**   1. APPS Submittal: Previous Participation Certification via APPS. Include a copy of the signature pages in the application. |  |  |
|  | Intentionally omitted |  |  |
| **Section 8: Real Estate** | | | |
|  | Intentionally Omitted |  |  |
|  | Licenses   1. Current Facility License 2. HUD-92576A-ORCF, Certificate of Need 3. Operator or Management Agent 4. Intentionally Omitted |  |  |
|  | Title   1. Preliminary Title Report 2. Pro Forma – 2006 ALTA Title Insurance Policy 3. ALTA Form Environmental Endorsement 4. ALTA Form Comprehensive Endorsement 5. ALTA Form Endorsement deleting Arbitration Clause 6. ALTA Location of Improvements Endorsement 7. Intentionally Omitted 8. Intentionally Omitted 9. Intentionally Omitted 10. Intentionally Omitted 11. Intentionally Omitted 12. Other: <Specify> 13. Exception Documents 14. Intentionally Omitted   Exception documents, title exceptions and survey noted exceptions should match. Exception documents must include copies of the actual documents. These documents must be legible. |  |  |
|  | ALTA/ACSM Land Title Survey  See HUD-91111-ORCF, Survey Instructions and Borrower’s Certification for applicability. Electronic version of the survey must be legible when expanded. |  |  |
|  | Evidence of Compliance   1. Zoning 2. HUD-91130-ORCF, Building Codes 3. Verification of Zoning and Code Variances 4. CMS Fire Safety Requirements for Long-Term Care Facilities, Automatic Sprinkler Systems (if applicable) 5. Copy of State’s fire safety survey report listing items of non-conformance with the 1999 edition NFPA 13, Standard for Installation of Sprinkler Systems. 6. Applicant’s plan of correction to bring the facility into conformance with the 1999 edition NFPA 13, Standard for Installation of Sprinkler Systems.   Evidence should address requirements for rebuilding if partially destroyed. |  |  |
|  | Municipal inspection reports   1. Fire Marshal 2. State Health Department (if applicable) 3. Verification that health standards are met for private sewer or water systems. 4. Intentionally Omitted 5. Intentionally Omitted 6. Intentionally Omitted 7. Intentionally Omitted 8. Intentionally Omitted 9. Intentionally Omitted 10. Intentionally Omitted |  |  |
|  | Relocation plan during repairs (if applicable) |  |  |
|  | Commercial Lease(s) |  |  |
|  | Land/Ground Lease including HUD requirements/provisions outlined in HUD-92070-ORCF, Lease Addendum |  |  |
|  | Real Estate Tax Abatement/Exemption (if applicable) |  |  |
|  | Intentionally Omitted |  |  |
|  | Intentionally Omitted |  |  |
| **Section 9: Operations** | | | |
|  | 1. Operating Budget *12-months, including census mix and occupancy assumptions* 2. Intentionally Omitted |  |  |
|  | Form HUD 91125-ORCF, Staffing schedule *Including job titles, salaries, and full time equivalents (FTE)* |  |  |
|  | Financial Statements for Operation– Year-to-Date   1. Balance Sheet 2. Aging of Accounts Receivable 3. Aging of Notes Receivable 4. Schedule of Pledged Assets 5. Schedule of Marketable Securities 6. Schedule of Accounts Payable 7. Schedule of Notes and Mortgages Payable 8. Schedule of Legal Proceedings 9. Income and Expense Statement 10. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements for Operation – FY 20XX   1. Balance Sheet 2. Income and Expense Statement 3. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements for Operation – FY 20XX   1. Balance Sheet 2. Income and Expense Statement 3. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Financial Statements for Operation – FY 20XX   1. Balance Sheet 2. Income and Expense Statement 3. HUD-91126-ORCF, Financial Statement Certification |  |  |
|  | Census history, by month and payment source   1. Year-to-date 2. FY 20XX 3. FY 20XX 4. FY 20XX |  |  |
|  | Reimbursement   1. Resource Utilization Group (RUG) census data for last 12-months, including HUD Certification & Warning. Certification and Warning must be signed and dated by the borrower/operator. (Applicable to SNF only) 2. Evidence of Medicaid Rate (if applicable) 3. Intentionally Omitted 4. Intentionally Omitted |  |  |
|  | Rent rolls, last 3 months, including HUD certification and warning Certification and Warning must be signed and dated by the borrower/operator. (Applicable to ALF/B&C only). Rent roll data should include room number, room type (studio, one bedroom, etc.), occupancy status (occupied/unoccupied), and rental rate. |  |  |
|  | State licensing inspection reports for last 3-years/last 3 inspections (including complaint surveys) |  |  |
|  | Facility Administrator   1. Resume’ 2. License |  |  |
|  | Example of Resident Care and/or Rental Agreement(s) for the facility. |  |  |
|  | Provider Agreement(s) for the facility. |  |  |
|  | Risk Management Program (Current or Proposed)  The lender must explain the risk management program that will be in place at closing (or prior to occupancy for projects that are not currently occupied).  This program may be internal or may be administrated by a third party.  In situations of elevated risk ORCF may require a Third-Party Risk Management Program. |  |  |
|  | Intentionally Omitted |  |  |
|  | Intentionally Omitted |  |  |
| **Section 10: Professional Liability Insurance (PLI)** | | | |
|  | Information on the PLI provider:   1. Name of insurance carrier 2. Evidence of insurance company(s) rating (Printout from AM Best Rating or Demotech) |  |  |
|  | Limits of coverage and list of facilities (including bed counts) included under this coverage. |  |  |
|  | State licensing surveys for the last three years of all individual facilities of the operator (if the operator has less than five facilities)  **OR**  If the operator has 5 or more facilities, complete copies of state licensing surveys for all facilities with serious unresolved deficiencies (deficiencies where there are actual harm to residents, commonly referred to as “G” or higher level deficiencies) if the deficiency has not been removed within a one month period.  If any facility has recent (within the last 2 years) resolved “G” or higher citations/deficiencies, submit the inspection report. Please provide a narrative discussion regarding the topic, the risk and how it will be mitigated. |  |  |
|  | Loss History. The operator or its parent operator must submit a six-year loss history of professional liability claims filed against it for all facilities controlled by the operator or parent operator. The six-year loss history should be provided in annual summary form (prepared by the insurance company or third-party administrator). |  |  |
|  | Evidence of current PLI cost |  |  |
|  | A. Recent Actuarial study  B. Financial Statements for any captive insurance company  Actuarial study required if the entity utilizes self-insurance. If the entity utilizes commercial (third-party) PLI, submit an actuarial study only if one has been previously completed. Note: This information is considered proprietary and is exempt from Freedom of Information Act requests. Please see 4232.1, Section II, Production, Appendix 14.1 III B and IV B for PLI self-insurance guidance.. |  |  |
| **10-7.** | Intentionally Omitted |  |  |
| **10-8.** | Intentionally Omitted |  |  |
| **Section 11: Additional Funding Sources – Intentionally Omitted** | | | |
| **Section 12: Accounts Receivable Financing Documents – Intentionally Omitted** | | | |
| **Section 13: Master Lease Documents – Intentionally Omitted** | | | |
| **Section 14: Contractor** | | | |
|  | Intentionally Omitted |  |  |
|  | Intentionally Omitted |  |  |
|  | Intentionally Omitted |  |  |
|  | Credit Report   1. Contractor 2. Intentionally Omitted |  |  |
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| **Section 15: Construction and Architectural Documents** | | | |
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|  | HUD-92442, Construction Contract |  |  |