

Delegated Processing Certifications	U.S. Department of Housing and Urban Development Federal Housing Administration Office of Multifamily Housing	OMB No. 2510-0590 (exp XX/XX/20XX)
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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Section 2835(b) of the Housing and Economic Recovery Act of 2008 and The Frank Melville Supportive Housing Investment Act of 2010 (SHIA) directs the Department to delegate the review and processing of certain Section 202 Supportive Housing for the Elderly and certain Section 811 Supportive Housing for Persons with Disabilities projects to selected State or local housing agencies. This information is necessary to assist HUD in determining an applicant's eligibility and capacity to underwrite grant applications. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

Certifications

I understand that my (appraisal, market study or architectural, cost, mortgage credit, valuation review) will be used by _____ (name of DPA) to document to the U.S. Department of Housing and Urban Development that the Owner's application for a capital advance was prepared and reviewed in accordance with HUD requirements. I certify that my review was in accordance with the HUD requirements applicable on the date of my review and that I have no financial interest or family relationship with the officers, directors, stockholders, or partners of the Owner, the general contractor, any subcontractors, the buyer or seller of the proposed property or engage in any business that might present a conflict of interest.

I am employed full time by the DPA (underwriter) or under contract for this specific assignment (appraiser, market analyst, cost architect) and that I have no other side deals, agreements, or financial considerations with the DPA or others in connection with this transaction.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Signature _____

Date _____

Warning: Title 18 U.S.C. 1001, provides in part that whoever knowingly and willfully makes or uses a document containing any false, fictitious, or fraudulent statement or entry, in any manner in the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both