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| --- | --- | --- |
| **Borrower’s Certificate of Known Costs – Insurance Upon Completion**  Section 242  223(a)(7) / 223 (f) | **U.S. Department of Housing**  **and Urban Development**  Office of Hospital Facilities | OMB Approval No. 2502-0602  (Exp. 4/30/2026) |

**Public Burden Statement:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.  Public reporting burden for this collection of information is estimated to average 3.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  The information requested is required in order to receive the benefits to be derived. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, Attention: Departmental Clearance Officer, 451 7th Street SW. Room, Washington, DC 20410 or email [Hospitals@hud.gov](mailto:Hospitals@hud.gov).  HUD collects this information, pursuant to Section 242 of the National Housing Act and regulations at 24 CFR Part 242, in order to review Section 242 applications to determine eligibility, underwrite insured hospital loans, ensure adequate collateral, process initial/final endorsement, manage FHA’s hospital portfolio, monitor and manage risk, and ensure ongoing compliance with regulations. No confidentiality is assured.

**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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To: Secretary of Housing and Urban Development  Office of Healthcare Programs  Office of Hospital Facilities  Attn: | | FHA Project Number: | | |
| Project Name: | | |
| Location: | | |
| The actual costs incurred, inclusive of labor, materials, and necessary services related to the purchases, refinancing, repair, and/or Limited Rehabilitation executed in connection with the subject loan, after excluding any kickbacks, rebates, adjustments made or to be made is as follows (Schedules A-G for each line item are provided below, and documents substantiating the actual costs shall be attached): | | | | |
| Item | Paid | | To be Paid (or Escrowed for #3) at Endorsement | Total |
| 1. Purchase Price or Existing Indebtedness (Schedule A) | $ | | $ | $ |
| 1. Repairs or Limited Rehabilitation (Schedule B1) | $ | | $ | $ |
| 1. Deferred Repairs / Deferred Limited Rehabilitation (Schedule B2) |  | | $ | $ |
| 1. HUD Fees (Schedule C) | $ | | $ | $ |
| 1. Lender’s Fees (Loan origination and closing) (Schedule D) | $ | | $ | $ |
| 1. Recording Expenses (Schedule E) | $ | | $ | $ |
| 1. Legal and Organizational Expenses (Schedule F) | $ | | $ | $ |
| 1. Other Expenses (Schedule G) | $ | | $ | $ |
| 1. **Total Cost** | $ | | $ | $ |
|  | | | | |
|  | | | | |
| **This certification is made, presented, and delivered under penalty of perjury for the purpose of influencing and official action on behalf of the Secretary of Housing and Urban Development. This certification may be relied upon as a true statement of the facts contained herein.** | | | | |
| Signature of Borrower: | Date: | | | |

**Instructions**

In accordance with HUD Regulations, accurate records of all costs must be maintained and are subject to review by employees of HUD prior to the initial/final endorsement of the loan for insurance. Complete the following schedules and attach supporting documentation (invoices, payoff statements for refinancing, executed contracts) in sufficient detail, as determined by HUD, to permit the itemization of costs required. Only those items of costs actually incurred by the Borrower will be allowed by HUD. Post initial/final endorsement (deferred) work necessitating an escrow of mortgage proceeds (Deferred Repairs – using HUD-92476-OHF, or Deferred Limited Rehabilitation - using HUD-92476A-OHF) for vendor payments post initial/final endorsement, provided for in the commitment, shall be detailed in Schedule B2 below. Schedule B2 costs shall match those listed in Exhibit A – Deferred Repairs in the HUD-92476-OHF for 223(a)(7) commitments, or Exhibit A – Deferred Limited Rehabilitation in the HUD-92476A-OHF for 223(f) commitments. (If the space allowed below for the Schedules of Costs is insufficient, continue the itemization on an attached sheet.)

# Schedule A (Purchase Price or Existing Indebtedness – Item 1)

| Description | Vendor/Payee: | Amount | |
| --- | --- | --- | --- |
|  |  | $ | |
|  |  | $ | |
|  |  | $ | |
| **Total** | | | **$** |

# Schedule B1 (Repairs or Limited Rehabilitation Completed Prior to Initial/Final Endorsement – Item 2)

| Description | Vendor/Payee: | Amount |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total** |  | **$** |

# Schedule B2 (Deferred Repairs / Deferred Limited Rehabilitation to be Completed Post Initial/Final Endorsement, provided by Commitment – Item 3)

| Description | Vendor/Payee: | Amount |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total** |  | **$** |

# Schedule C (HUD Fees – Item 4)

| Description | Vendor/Payee: | Amount |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total** |  | **$** |

# Schedule D (Lender Fees – Item 5)

| Description | Vendor/Payee: | Amount |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total** |  | **$** |

# Schedule E (Recording Expenses – Item 6)

|  |  |  |
| --- | --- | --- |
| Description | Vendor/Payee: | Amount |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total** |  | **$** |

# Schedule F (Legal and Organizational Expenses – Item 7)

| Description | Vendor/Payee: | Amount |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total** |  | **$** |

# Schedule G (Other Expenses – Item 8)

| Description | Vendor/Payee: | Amount |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total** |  | **$** |

**For HUD Completion Only -**

|  |  |
| --- | --- |
| **Maximum Insurable Loan (for Completion by HUD)** |  |
| 1. Total Per Line Item 8 | $ |
| 1. Disallowed Amounts Identified in Schedule H Below | $ |
| 1. Subtotal (A – B) | $ |
| 1. Amount Committed for Insurance (as amended) | $ |
| Maximum Insurable Loan (Enter the lower of C or D) | **$** |
| Authorized By (HUD/OHF Agent): | Date: |

# Schedule H – Disallowed Amounts

|  |  |
| --- | --- |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |