



232 Healthcare Portal Instructions for ORCF Lenders

Requesting a Non-Critical Repair Request

Table of Contents

| | |
|--|---|
| REQUESTING A NON-CRITICAL REPAIR ESCROW REIMBURSEMENT..... | 2 |
|--|---|


REQUESTING A NON-CRITICAL REPAIR ESCROW REIMBURSEMENT.

There are two types of Non-Critical Repair request submissions:

- Lender Delegated:
 - Approved by Lender – The process for a lender delegated request will be explained.
- Non-Lender Delegated:
 - Auto approved – The process for auto-approved requests will be explained
 - Forwarded to AE for further review - You will review and process the request according to the instructions below.

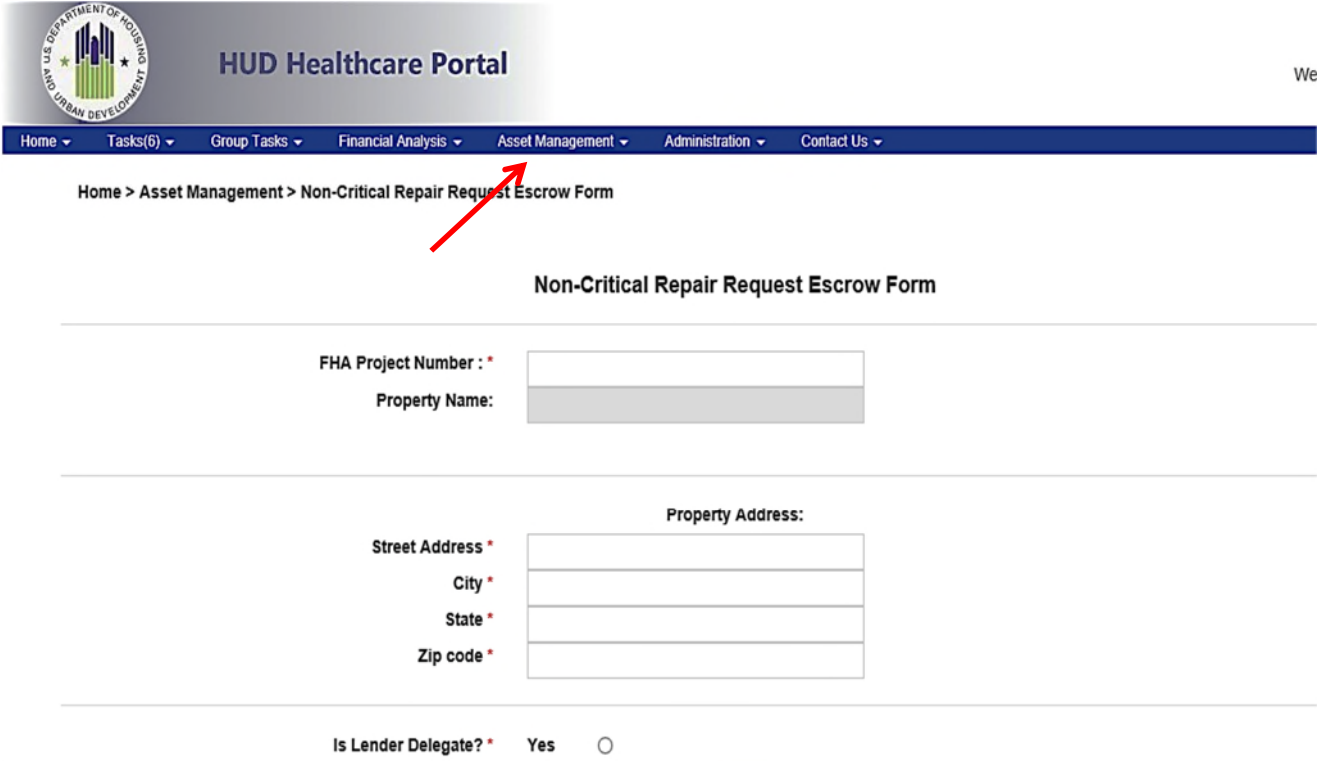
This section will provide instructions on submitting a Non-Critical Repair request through the 232 Healthcare Portal.

1. As the Servicer, you should receive a 92464, 92117 and evidential information from the Owner/Owner Representative. (Please verify the forms received are not expired and are ORCF specific)
2. You will use this information to process your request using the 232 Healthcare Portal.
3. Log into the portal

**HUD Healthcare Portal**Version 2.0.0.0

| Section 232 | Log In |
|--|--|
| <ul style="list-style-type: none">• Office of Residential Care Facilities (ORCF) - The ORCF administers the Section 232 loan program. Section 232 is an FHA-Insured loan product that covers housing for the frail elderly - those in need of supportive services. Nursing homes, assisted living facilities, and board and care are all examples of this type of housing (a project may include more than one type).• Section 232 - Section 232 may be used to finance the purchase, refinance, new construction, or substantial rehabilitation of a project. A combination of these uses is acceptable - e.g. refinance of a nursing home coupled with new construction of an assisted living facility.• Reengineered - The program was re-engineered in 2008 to provide exceptional customer service, reduce processing time, and streamline operations to reduce risk to the FHA fund.• Asset Management and Lender Relations Division – Tim Gruenes, Director The primary responsibilities of the Asset Management and Lender Relations Division are to ensure that the program is properly managed and that the program is properly marketed. | <p>User name Help with Logging in</p> <input type="text"/> <p>Password Forgot your password?</p> <input type="password"/> <p><input type="button" value="Log In"/></p> <p><i>In the IE Tools menu, please turn off Pop-up blocker for this site.</i></p> |

1. Click on the Asset Management tab.



The screenshot shows the HUD Healthcare Portal interface. At the top left is the HUD logo. To its right is the text "HUD Healthcare Portal". Below this is a dark blue navigation bar with white text and dropdown arrows for "Home", "Tasks(6)", "Group Tasks", "Financial Analysis", "Asset Management", "Administration", and "Contact Us". Below the navigation bar is a breadcrumb trail: "Home > Asset Management > Non-Critical Repair Request Escrow Form". A red arrow points to the "Non-Critical Repair Request Escrow Form" link in the breadcrumb. Below the breadcrumb is the title "Non-Critical Repair Request Escrow Form". The form contains several input fields: "FHA Project Number *" and "Property Name:" are on the same line with a single input box. Below them, "Street Address *" is on the same line with a single input box, while "City *", "State *", and "Zip code *" are stacked vertically on the left with corresponding input boxes. To the right of these is a label "Property Address:". At the bottom, "Is Lender Delegate? *" is followed by "Yes" and a radio button.

HUD Healthcare Portal

Home > Asset Management > Non-Critical Repair Request Escrow Form

Non-Critical Repair Request Escrow Form

FHA Project Number : *
Property Name:

Street Address *
City *
State *
Zip code *

Property Address:

Is Lender Delegate? * Yes ☐

2. Select "Non-Critical Repair Request Escrow Form".

Healthcare Portal

Financial Analysis ▾ Asset Management ▾ Administration ▾ Contact Us ▾

Critical Repair Request

- Reserve for Replacement Submission Form
- Non-Critical Repair
- Project Action Request Form
- Lender PAM Report

Non-Critical Repair Request Escrow Form

IA Project Number : *

Property Name:

Property Address:

Street Address *


City *

State *

Zip code *

[est/Index](#) Delegate? * Yes ☐

3. Enter the FHA Project Number – This information comes from the submitted Form 92464 and Form 92117.

 **HUD Healthcare Portal**

Home ▾ Tasks(6) ▾ Group Tasks ▾ Financial Analysis ▾ Asset Management ▾ Administration ▾ Contact Us ▾

Home > Asset Management > Non-Critical Repair Request Escrow Form

Non-Critical Repair Request Escrow Form

FHA Project Number : *

Property Name:

Property Address:

Street Address *

City *

State *

Zip code *

Is Lender Delegate? * Yes ☐

4. Property Name is automatically populated.



HUD Healthcare Portal

Home ▾ Tasks(6) ▾ Group Tasks ▾ Financial Analysis ▾ Asset Management ▾ Administration ▾ Contact Us ▾

Home > Asset Management > Non-Critical Repair Request Escrow Form

Non-Critical Repair Request Escrow Form

FHA Project Number : *

023-15020

Property Name:

TEST PROPERTY 46

Property Address:

Street Address *

300 BARBER AVENUE

City *

WORCESTER

State *

MA

Zip code *

01606

Is Lender Delegate? *

Yes

☐

5. If the project has not closed out their Non-Critical Repair Escrow account within 365 days of closing, a messaging stating "Alert: Your loan is greater than 12 months past the Closing Date. Please click

on the above link (Request for Extension), to request a Non-Critical Repair extension for this property. You may continue without making the request.” You can select the hyperlink add comments and click the “Submit Request for Six-month Extension” button, to request the extension.

HUD Healthcare Portal

[Group Tasks](#) [Financial Analysis](#) [Asset Management](#) [Administration](#) [Contact Us](#)

Home > Asset Management > Non-Critical Repair Request Escrow Form


Non-Critical Repair Request Escrow Form

FHA Project Number : *

023-15020

Property Name:

TEST PROPERTY 46



[Request for Extension](#)
Alert: Your loan is greater than 12 months past the Closing Date. Please click on the above link (Request for Extension), to request a Non-Critical Repair extension for this property. You may continue without making the request.

Street Address *

300 BARBER AVENUE

City *

WORCESTER

State *

MA

Zip code *

01606

Property Address:

Is Lender Delegate? *

Yes ☐

No ☒

Closing Date:

10/28/2015

Lender Name:

PRUDENTIAL HUNTOON PAIGE ASSOCIATI

UD Healthcare Portal

[Up Tasks](#) [Financial Analysis](#) [Asset Management](#) [Administration](#) [Contact Us](#)

Non-Critical Repair Request Escrow Extension Form

| | |
|--|------------------------------------|
| FHA Project Number : * | 023-15020 |
| Property Name: | TEST PROPERTY 46 |
| Closing Date: | 10/28/2015 |
| Lender Name: | PRUDENTIAL HUNTOON PAIGE ASSOCIATI |
| Pending Request for Extension Date: | 4/28/2017 |
| (* With default extension 6 months (12 + 6 months)) | |
| Servicer Comments: | <input type="text"/> |

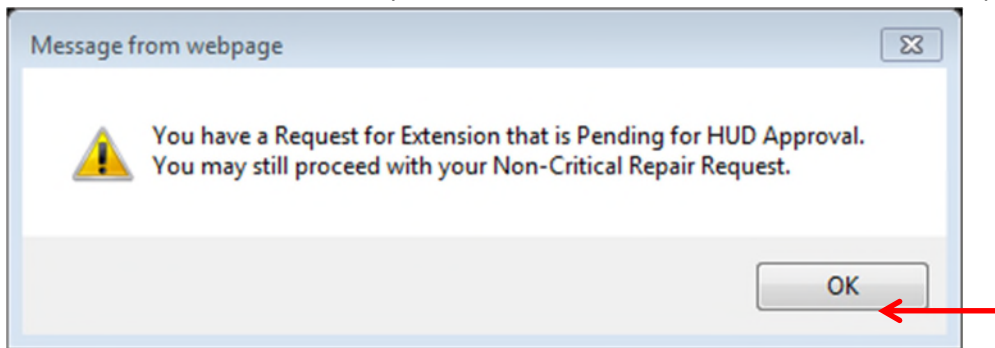
Submit Request for Six months Extension

Disclaimer

Your application was submitted successfully.

Ok

6. If you have a pending extension request and you attempt to initiate another Non-Critical Repair request, you will receive a message from the portal notifying you of the Pending Non-Critical Repair Extension and will not allow for you to submit another extension until it has been processed.



7. After entering the FHA number, the Property Address will automatically populate. Verify the address. If the address is incorrect, please correct it by deleting the incorrect information and replacing it with the correct information.

Home ▾ Tasks(5) ▾ Group Tasks ▾ Financial Analysis ▾ Asset Management ▾ Administration ▾ Contact Us ▾

Home > Asset Management > Non-Critical Repair Request Escrow Form

Non-Critical Repair Request Escrow Form

| | |
|------------------------|------------------|
| FHA Project Number : * | 023-15020 |
| Property Name: | TEST PROPERTY 46 |

| | |
|-------------------|-------------------|
| Property Address: | |
| Street Address * | 300 BARBER AVENUE |
| City * | WORCESTER |
| State * | MA |
| Zip code * | 01606 |

| | |
|-----------------------|-------------------------------------|
| Is Lender Delegate? * | Yes <input type="radio"/> |
| | No <input checked="" type="radio"/> |

8. Select whether or not you're a Lender Delegate.

[My Tasks](#) ▾ [Financial Analysis](#) ▾ [Asset Management](#) ▾ [Administration](#) ▾ [Contact Us](#) ▾

ement > Non-Critical Repair Request Escrow Form

Non-Critical Repair Request Escrow Form

FHA Project Number : *

023-15020

Property Name:

TEST PROPERTY 46

Property Address:

Street Address *

300 BARBER AVENUE

City *

WORCESTER

State *

MA

Zip code *

01606

Is Lender Delegate? *

Yes ☐

No ☒

If you are processing the request as a Lender Delegate, click “Yes”. Enter **your approved amount**, complete the remainder items, attach required documents and submit.

9. The Closing Date and Lender Name will automatically populate.

| | | |
|---------------|------------------------------------|--|
| Closing Date: | 10/28/2015 | |
| Lender Name: | PRUDENTIAL HUNTOON PAIGE ASSOCIATI | |

| | | |
|---|------|----------------------------------|
| Non-Critical Repairs and/or Owner elected Account Balance at Loan Closing: * | 0.00 | |
| Non-Critical Repairs and/or Owner elected Account Current Balance: * | 0.00 | |
| Is the NCRE amount valid? : * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |
| Reimbursement Amount : * | 0.00 | |

| | | |
|---------------------------------------|-----|----------------------------------|
| Is this a change in scope of work?: * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |
| Is this an advance? * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

| | | |
|-----------------------|-----|----------------------------------|
| Number of Draws : | 1 | |
| Is this Final Draw? * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

10. Verify the NCRE balance at closing and its current balance is correct. If the amounts shown are incorrect, please select the “No” radial button and your assigned AE will update the information.

| | |
|---------------|--|
| Closing Date: | <input type="text" value="10/28/2015"/> |
| Lender Name: | <input type="text" value="PRUDENTIAL HUNTOON PAIGE ASSOCIAT"/> |

| | |
|--|--|
| Non-Critical Repairs and/or Owner elected Account Balance at Loan Closing: * | <input type="text" value="0.00"/> |
| Non-Critical Repairs and/or Owner elected Account Current Balance: * | <input type="text" value="0.00"/> |
| Is the NCRE amount valid? : * | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Reimbursement Amount : * | <input type="text" value="0.00"/> |

| | |
|---------------------------------------|--|
| Is this a change in scope of work?: * | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Is this an advance? * | Yes <input type="radio"/> No <input checked="" type="radio"/> |

| | |
|-----------------------|--|
| Number of Draws : | <input type="text" value="1"/> |
| Is this Final Draw? * | Yes <input type="radio"/> No <input checked="" type="radio"/> |

11. Enter the amount requested by the submitter.

| | | |
|----------------------|------------------------------------|--|
| Closing Date: | 10/28/2015 | |
| Lender Name: | PRUDENTIAL HUNTOON PAIGE ASSOCIATE | |

| | | |
|---|------|----------------------------------|
| Non-Critical Repairs and/or Owner elected Account Balance at Loan Closing: * | 0.00 | |
| Non-Critical Repairs and/or Owner elected Account Current Balance: * | 0.00 | |
| Is the NCRE amount valid? : * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |
| Reimbursement Amount : * | 0.00 | |

| | | |
|--|-----|----------------------------------|
| Is this a change in scope of work?: * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |
| Is this an advance? * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

| | | |
|------------------------------|-----|----------------------------------|
| Number of Draws : | 1 | |
| Is this Final Draw? * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

12. Verify if the requested amount will be used for an item that is a change in scope of work.

Closing Date: 10/28/2015
Lender Name: PRUDENTIAL HUNTOON PAIGE ASSOCIATES

Non-Critical Repairs and/or Owner elected Account
Balance at Loan Closing: * 0.00

Non-Critical Repairs and/or Owner elected Account
Current Balance: * 0.00

Is the NCRE amount valid? : *
Yes ☐
No ☒

Reimbursement Amount : * 0.00

Is this a change in scope of work?: *
Yes ☐
No ☒

Is this an advance? *
Yes ☐
No ☒

Number of Draws : 1

Is this Final Draw? *
Yes ☐
No ☒

13. Verify if the amount requested is for an advance.

| | | |
|---------------|-----------------------------------|--|
| Closing Date: | 10/28/2015 | |
| Lender Name: | PRUDENTIAL HUNTOON PAIGE ASSOCIAT | |

| | | |
|--|------|----------------------------------|
| Non-Critical Repairs and/or Owner elected Account Balance at Loan Closing: * | 0.00 | |
| Non-Critical Repairs and/or Owner elected Account Current Balance: * | 0.00 | |
| Is the NCRE amount valid? : * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |
| Reimbursement Amount : * | 0.00 | |

| | | |
|---------------------------------------|-----|----------------------------------|
| Is this a change in scope of work?: * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |
| Is this an advance? * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

| | | |
|-----------------------|-----|----------------------------------|
| Number of Draws : | 1 | |
| Is this Final Draw? * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

14. The Number of Draws field will automatically populate.

| | |
|---------------|---|
| Closing Date: | <input type="text" value="10/28/2015"/> |
| Lender Name: | <input type="text" value="PRUDENTIAL HUNTOON PAIGE ASSOCIATI"/> |

| | |
|--|--|
| Non-Critical Repairs and/or Owner elected Account Balance at Loan Closing: * | <input type="text" value="0.00"/> |
| Non-Critical Repairs and/or Owner elected Account Current Balance: * | <input type="text" value="0.00"/> |
| Is the NCRE amount valid? : * | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Reimbursement Amount : * | <input type="text" value="0.00"/> |

| | |
|---------------------------------------|--|
| Is this a change in scope of work?: * | Yes <input type="radio"/> No <input checked="" type="radio"/> |
| Is this an advance? * | Yes <input type="radio"/> No <input checked="" type="radio"/> |

| | |
|-----------------------|--|
| Number of Draws : | <input type="text" value="1"/> |
| Is this Final Draw? * | Yes <input type="radio"/> No <input checked="" type="radio"/> |

15. Verify if this request is for a Final Draw.

| | |
|---------------|------------------------------------|
| Closing Date: | 10/28/2015 |
| Lender Name: | PRUDENTIAL HUNTOON PAIGE ASSOCIATI |

| | |
|---|------|
| Non-Critical Repairs and/or Owner elected Account Balance at Loan Closing: * | 0.00 |
|---|------|

| | |
|---|------|
| Non-Critical Repairs and/or Owner elected Account Current Balance: * | 0.00 |
|---|------|

| | | |
|-------------------------------|-----|----------------------------------|
| Is the NCRE amount valid? : * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

| | |
|--------------------------|------|
| Reimbursement Amount : * | 0.00 |
|--------------------------|------|

| | | |
|---------------------------------------|-----|----------------------------------|
| Is this a change in scope of work?: * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

| | | |
|-----------------------|-----|----------------------------------|
| Is this an advance? * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

| | |
|-------------------|---|
| Number of Draws : | 1 |
|-------------------|---|

| | | |
|-----------------------|-----|----------------------------------|
| Is this Final Draw? * | Yes | <input type="radio"/> |
| | No | <input checked="" type="radio"/> |

16. Attach the ORCF Form 92464 and ORCF Form 92117

No 

Please upload the required files :

Attach 92464: *

Attach File

Remove File

Attach 92117: *

Attach File

Remove File

Servicer Comments :

☐

I acknowledge that I received the Non-Critical Repair Escrow request, reviewed it for completeness, accuracy and eligibility, with a recommendation for approval/denial/approval with changes (with the exception of those that can be directly reviewed and approved by the Servicer, as described in Section 3.2.2.H I., 5). *

Submit

17. Enter comments.

Please upload the required files :

Attach 92464: *

Attach File

Remove File

Attach 92117: *

Attach File

Remove File

Servicer Comments :

☐

I acknowledge that I received the Non-Critical Repair Escrow request, reviewed it for completeness, accuracy and eligibility, with a recommendation for approval/denial/approval with changes (with the exception of those that can be directly reviewed and approved by the Servicer, as described in Section 3.2.2.H I, 5). *

Submit

18. Click to acknowledge that you received the Non-Critical Repair Escrow request, reviewed it for completeness, accuracy and eligibility, with a recommendation for approval/denial/approval with changes (with the exception of those that can be directly reviewed and approved by the Service, as described in Section 3.2.2.H I., 5)

lease upload the required files :

Attach 92464: *

Attach File

Remove File

Attach 92117: *

Attach File

Remove File

Service Comments :

☐

I acknowledge that I received the Non-Critical Repair Escrow request, reviewed it for completeness, accuracy and eligibility, with a recommendation for approval/denial/approval with changes (with the exception of those that can be directly reviewed and approved by the Service, as described in Section 3.2.2.H I., 5). *

Submit

19. Click the “Submit” button.

Please upload the required files :

Attach 92464: *

Attach File

Remove File

Attach 92117: *

Attach File

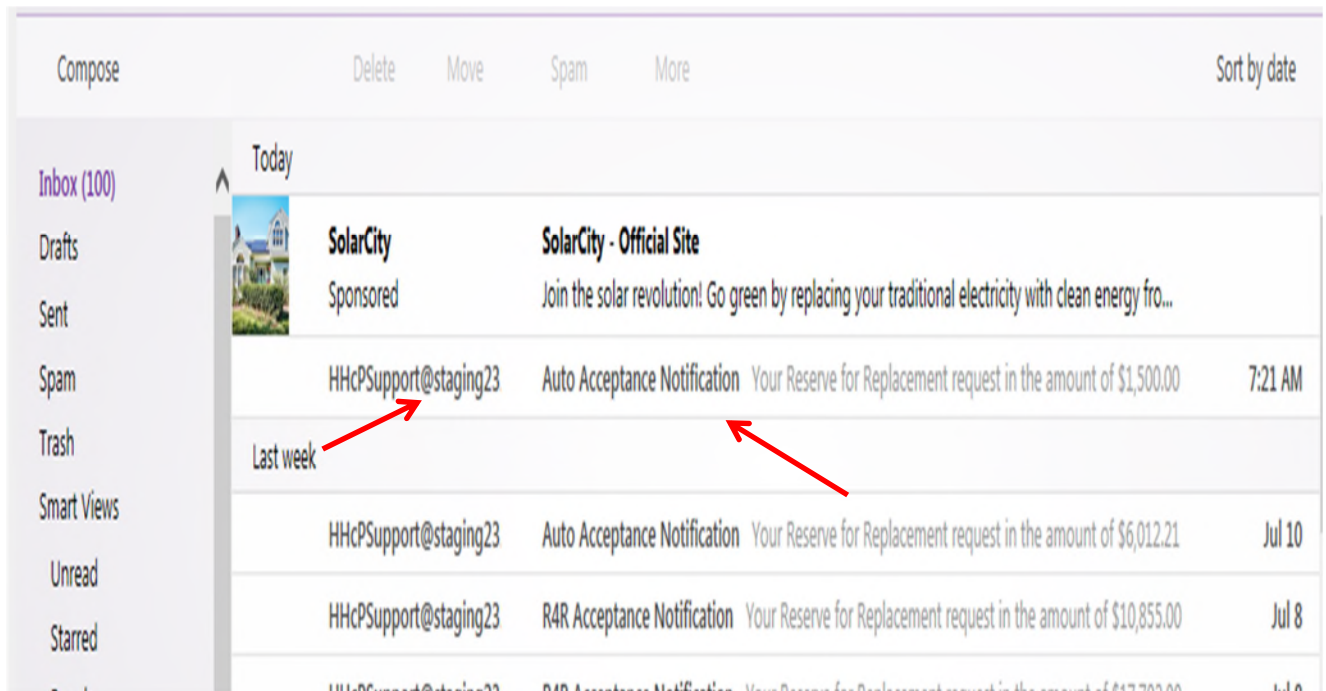
Remove File

Service Comments :

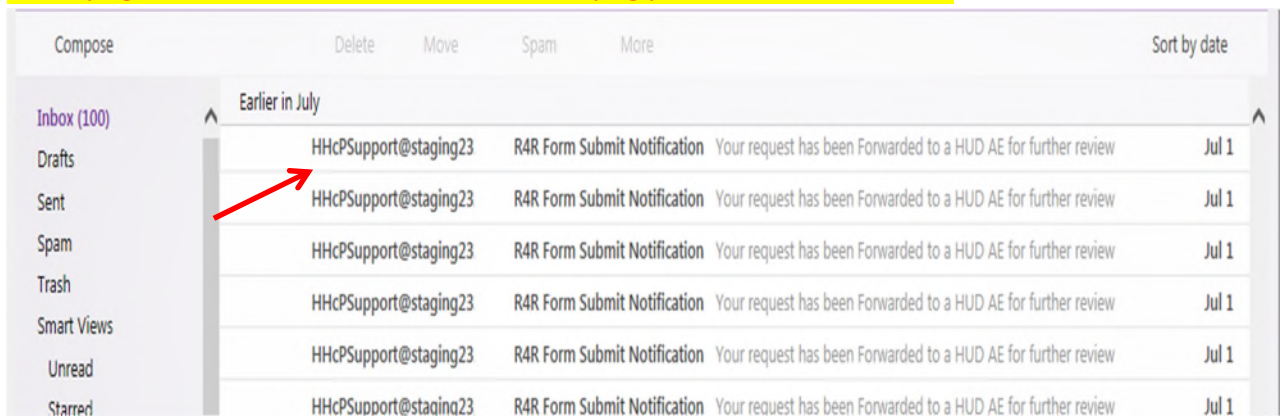
☐

I acknowledge that I received the Non-Critical Repair Escrow request, reviewed it for completeness, accuracy and eligibility, with a recommendation for approval/denial/approval with changes (with the exception of those that can be directly reviewed and approved by the Servicer, as described in Section 3.2.2.H 1., 5). *


Submit



20. Your request will be forwarded to a HUD AE for further review and you will receive an e-mail identifying that it was sent to a HUD AE and notifying you of who it was sent to.



21. To verify your request was received/accepted by HUD, you will automatically be taken to the "My Task" section.



HUD Healthcare Portal

Version 2.0.0.0

Log out

Welcome HUDFake Berkadia


Lender Account Manager

[Home](#) ▾ | [Tasks\(50\)](#) ▾ | [Financial Analysis](#) ▾ | [Asset Management](#) ▾ | [Administration](#) ▾ | [Contact Us](#) ▾

Home > My Tasks

| Name | Action | Status | Last Updated Time | Assigned By | Assigned To | Current Notes | Historic Notes |
|--|------------|--------|-----------------------|-------------------------|----------------------------|---|----------------|
| Workmen's Circle Multi Care Ce | Final Step | ■ | 7/13/2015 7:20:12 AM | hudfakeberk@yahoo.com | Theodore.A.Kellogg@hud.gov | | |
| Workmen's Circle Multi Care Ce | Final Step | ■ | 7/10/2015 12:31:32 PM | hudfakeberk@yahoo.com | Theodore.A.Kellogg@hud.gov | | |
| SPRINGVALE TERRACE | Final Step | ■ | 7/8/2015 1:43:12 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... | |
| Lutheran Augustana Center | Final Step | ■ | 7/8/2015 1:41:39 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... | |
| INDEPENDENCE COURT OF HYATTS | Final Step | ■ | 7/8/2015 1:40:07 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... | |
| CHERRYDALE | Final Step | ■ | 7/8/2015 1:37:40 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... | |
| GRANT PARK CARE CENTER | Final Step | ■ | 7/8/2015 1:31:21 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... | |
| STODDARD BAPTIST HOME | Final Step | ■ | 7/8/2015 1:30:16 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... | |

22. If the status of your request shows a “■” stop button, this indicates that the request was submitted and auto accepted.



HUD Healthcare Portal

Version 2.0

Log

Welcome HUDFake Berk

Lender Account Mani

[Tasks\(50\)](#) ▾ | [Financial Analysis](#) ▾ | [Asset Management](#) ▾ | [Administration](#) ▾ | [Contact Us](#) ▾











Home > My Tasks

| Name | Action | Status | Last Updated Time | Assigned By | Assigned To | Current Notes | Historic Notes |
|--|------------|--------|-----------------------|-------------------------|----------------------------|---|----------------|
| Workmen's Circle Multi Care Ce | Final Step | ■ | 7/13/2015 7:20:12 AM | hudfakeberk@yahoo.com | Theodore.A.Kellogg@hud.gov | | |
| Workmen's Circle Multi Care Ce | Final Step | ■ | 7/10/2015 12:31:32 PM | hudfakeberk@yahoo.com | Theodore.A.Kellogg@hud.gov | | |
| SPRINGVALE TERRACE | Final Step | ■ | 7/8/2015 1:43:12 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... | |
| Lutheran Augustana Center | Final Step | ■ | 7/8/2015 1:41:39 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... | |
| INDEPENDENCE COURT OF HYATTS | Final Step | ■ | 7/8/2015 1:40:07 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... | |

23. If your request shows a “■” Pause button, this indicates that your request was submitted to the HUD AE for further review.

24. If the request was sent to the HUD AE for further review, the “Has Opened” column in “My Task” will verify if the AE has opened the request to begin their review process.

Home > My Tasks

| Name | ated Time | Assigned By | Assigned To | Current Notes | Historic Notes | Has Opened | Duration |
|--|-------------|-------------------------|----------------------------|---|---|------------|-------------------|
| Workmen's Circle Multi Care Ce | 7:20:12 AM | hudfakeberk@yahoo.com | Theodore.A.Kellogg@hud.gov | |  | No | Complete (0 days) |
| Workmen's Circle Multi Care Ce | 12:31:32 PM | hudfakeberk@yahoo.com | Theodore.A.Kellogg@hud.gov | |  | No | Complete (0 days) |
| SPRINGVALE TERRACE | 1:43:12 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... |  | No | Complete (7 days) |
| Lutheran Augustana Center | 1:41:39 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... |  | No | Complete (7 days) |
| INDEPENDENCE COURT OF HYATTS | 1:40:07 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... |  | No | Complete (7 days) |
| CHERRYDALE | 1:37:40 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... |  | No | Complete (7 days) |
| GRANT PARK CARE CENTER | 1:31:21 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... |  | No | Complete (7 days) |
| STODDARD BAPTIST HOME | 1:30:16 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... |  | No | Complete (7 days) |
| MFA3 Burke Health & Rehabilitation | 1:28:56 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... |  | No | Complete (7 days) |
| QUEENS BLVD EXTENDED CARE FACILITY | 1:26:23 PM | maria.p.dennard@hud.gov | maria.p.dennard@hud.gov | Your Reserve for Replacement r... |  | Yes | Complete (7 days) |

You have now submitted a Non-Critical Repair request for this property.