



# 232 Healthcare Portal Instructions for Lenders

Submitting a Reserve for Replacement Request for Lenders

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## **SUBMITTING A RESERVE FOR REPLACEMENT REQUEST:**

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There are two types of Reserve for Replacement request submissions:

1. Lender Delegated:
  - a. Approved by Lender:
    - i. Follow instructions for Non-Lender Delegated submissions, also enter the “Total Accepted Amount”.
    - ii. No further action required by HUD.
2. Non-Lender Delegated:
  - a. May be Auto approved - No additional action required by HUD.
  - b. Forwarded to AE for further review.

This section will provide instructions on submitting a Reserve for Replacement (R4R) requests submitted by HUD approved Lenders.

1. Click on the Asset Management tab.
2. Click on Reserve for Replacement Submission Form
3. Enter the Date of Borrower’s Request – This information comes from the date the Borrower/Agent signed the 9250a that was submitted.

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FHA Project Number \*

If the FHA is missing or not found, please click the button below (Please ensure the FHA Number is current and correct and that you are authorized access to this property):

Missing FHA Number

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Property Name \*

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Property Address:

Street Address \*

City \*

State \*

Zip code \*

---

Is Lender Delegate? \*

Yes ☐

No ☒

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Is this request for an Advance? \*

Yes ☐ (Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)

No ☒ (Please submit a signed 9250 and 9250a)

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How many units does the facility have? \*

4. The Date of Servicer's Submission will populate automatically.

## Reserve for Replacement Submission Form

Instructions: Indicate the Fund for the request and provide the information for each section as requested

Date of Borrower's Request \*   
 Date of Servicer's Submission (Today's Date) \*

FHA Project Number \*

If the FHA is missing or not found, please click the button below (Please ensure the FHA Number is current and correct and that you are authorized access to this property):

**Missing FHA Number**

Property Name \*

Property Address:

Street Address \*   
 City \*   
 State \*   
 Zip code \*

Is this request for an Advance? \* Yes ☐ (Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)  
 No ☒ (Please submit a signed 9250 and 9250a)

5. Enter the FHA Number of the property – you can either select the FHA number by typing at least the first digit or you can enter the entire FHA number, including the dash (-) to locate the FHA number of the property you are submitting a Reserve for Replacement request for.

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Date of Borrower's Request *	09/01/2016
Date of Servicer's Submission (Today's Date) *	09/30/2016

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FHA Project Number *	023-15020
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If the FHA is missing or not found, please click the button below (Please ensure the FHA Number is current and correct and that you are authorized access to this property):

Missing FHA Number

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Property Name *	Holy Trinity Nursing Home
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Property Address:	
Street Address *	300 BARBER AVENUE
City *	WORCESTER
State *	MA
Zip code *	01606

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

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Is this request for an Advance? *	Yes <input type="radio"/>	(Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)
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6. If the property's FHA Number is not available in your drop-down list, you can select the "Missing FHA Number" button and enter the required information and click Submit. Please note that if the property's FHA Number is missing, you will have to submit the Reserve for Replacement Request to the Reserve for Replacement Team via e-mail ([232R4Rrequest@hud.gov](mailto:232R4Rrequest@hud.gov)).

### Reserve for Replacement Submission Form

Instructions: Indicate the Fund for the request and provide the information for each section as requested

Date of Borrower's Request \* 07/01/2015  
Date of Servicer's Submission (Today's Date) \* 07/29/2015

FHA Project Number \* 023-10032

If the FHA is missing or not found, please click the button below (Please ensure the FHA Number is current and correct and that you are authorized access to this property):

Missing FHA Number

Property Name \* Eger Health Care Center

#### Property Address:

Street Address \* 2131 O STREET N W  
City \* WASHINGTON  
State \* DC  
Zip code \* 20037

Is this request for an Advance? \* Yes ☐ (Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)  
No ☒ (Please submit a signed 9250 and 9250a)

## FHANumber not found

Please verify that the FHA Project Number is correct. If the FHA Project Number is correct and the information is not populating, please provide the FHA# and the property name for the facility you are submitting for.

<b>Subject:</b>	<b>FHA Number is not found</b>
<b>UserName:</b>	<input type="text"/>
<b>FHA Number: *</b>	<input type="text"/>
<b>User Email address:</b>	<input type="text"/>
<b>Property Name: *</b>	<input type="text"/>
<b>Street Address:</b>	<input type="text"/>
<b>City:</b>	<input type="text"/>
<b>State:</b>	<input type="text"/>
<b>Zip code:</b>	<input type="text"/>
	<input type="button" value="Submit"/> <input type="button" value="Cancel"/>

7. The Property Name automatically fills once the property's FHA Number is selected.



8. Review the Property Address for accuracy:

- a. Street Address
- b. City
- c. State
- d. Zip Code

Date of Borrower's Request *	09/01/2016
Date of Servicer's Submission (Today's Date) *	09/30/2016

FHA Project Number *	023-15020
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If the FHA is missing or not found, please click the button below (Please ensure the FHA Number is current and correct and that you are authorized access to this property):

Missing FHA Number

Property Name *	Holy Trinity Nursing Home
-----------------	---------------------------

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"/>

Is this request for an Advance? *	Yes <input type="radio"/>	(Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)
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9. If any part of the address is incorrect, make the necessary changes, and an e-mail will be sent to HUD Administrators to be updated in our systems. Please note that this update may take 5 to 10 business days.

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11. Select the appropriate radio button to verify if the request is for an Advance of funds (Please note that this is a required field):

Is Lender Delegate? \*

Yes

No

☐
☒

Is this request for an Advance? \*

Yes

No

☐ (Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)
 ☒ (Please submit a signed 9250 and 9250a)

How many units does the facility have? \*

Reserve Account Balance \*

as of \*

Please Verify Reserve Account Balance \*

Total Purchase Amount \*

Total Requested Amount \*

Is any single item more than \$50,000? \*

Yes

No

☐ (Please submit three bids for each item exceeding \$50,000)
 ☒

- a. If the request is for an advance of funds, you will be directed to upload an unexpired OHP 9250, 9250a and any contract or evidential information you may have regarding this request.
- b. If the request is not for an advance of funds, you will attach an unexpired OHP 9250 and 9250a.

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Healthcare Portal Reserve for Replacement Training  
n 2, 1/10/2017

13. Reserve Account Balance - Enter the Reserve Account Balance for this property.

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

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Is this request for an Advance? *	Yes	<input type="radio"/>	(Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)
	No	<input checked="" type="radio"/>	(Please submit a signed 9250 and 9250a)

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How many units does the facility have? *	<input type="text"/>
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Reserve Account Balance *	<input type="text"/>
as of *	<input type="text"/>
Please Verify Reserve Account Balance *	<input type="text"/>

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Total Purchase Amount *	<input type="text"/>
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Total Requested Amount *	<input type="text"/>
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Is any single item more than \$50,000? *	Yes	<input type="radio"/>	(Please submit three bids for each item exceeding \$50,000)
	No	<input checked="" type="radio"/>	

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14. As of - Enter the date of which you are providing the Reserve Account Balance for.

Is Lender Delegate? \* Yes ☐

No ☐

Is this request for an Advance? \* Yes ☐ (Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)

No ☒ (Please submit a signed 9250 and 9250a)

How many units does the facility have? \*

Reserve Account Balance \*

as of ★

Please Verify Reserve Account Balance \*

Total Purchase Amount \*

**Total Requested Amount \***

Is any single item more than \$50,000? \* Yes ☐ (Please submit three bids for each item exceeding \$50,000)

No ☐

Is Lender Delegate? \*

Yes

No

☐
☒

Is this request for an Advance? \*

Yes

No

☐
☒

(Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)

(Please submit a signed 9250 and 9250a)

How many units does the facility have? \*

Reserve Account Balance \*

as of \*

Please Verify Reserve Account Balance \*

Total Purchase Amount \*

Total Requested Amount \*

Is any single item more than \$50,000? \*

Yes

No

☐
☒

(Please submit three bids for each item exceeding \$50,000)

16. Total Purchase Amount - Enter the amount of the total purchase amounts.

Is Lender Delegate? *	Yes	<input type="radio"/>	
	No	<input checked="" type="radio"/>	
Is this request for an Advance? *	Yes	<input type="radio"/>	(Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)
	No	<input checked="" type="radio"/>	(Please submit a signed 9250 and 9250a)
How many units does the facility have? *	<input type="text"/>		
Reserve Account Balance *	<input type="text"/>		
as of *	<input type="text"/>		
Please Verify Reserve Account Balance *	<input type="text"/>		
Total Purchase Amount *	<input type="text"/>		
Total Requested Amount *	<input type="text"/>		
Is any single item more than \$50,000? *	Yes	<input type="radio"/>	(Please submit three bids for each item exceeding \$50,000)
	No	<input checked="" type="radio"/>	



17. Total Requested Amount – This is the amount that’s being requested for reimbursement.

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

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Is this request for an Advance? *	Yes	<input type="radio"/>	(Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance)
	No	<input checked="" type="radio"/>	(Please submit a signed 9250 and 9250a)

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How many units does the facility have? *	<input type="text"/>
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Reserve Account Balance *	<input type="text"/>
as of *	<input type="text"/>
Please Verify Reserve Account Balance *	<input type="text"/>

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Total Purchase Amount *	<input type="text"/>
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Total Requested Amount *	<input type="text"/>
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Is any single item more than \$50,000? *	Yes	<input type="radio"/>	(Please submit three bids for each item exceeding \$50,000)
	No	<input checked="" type="radio"/>	

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- |  |                      |                                  |   |
|--|----------------------|----------------------------------|---|
| Is Lender Delegate? *                    | Yes                  | <input type="radio"/>            |   |
|  | No                   | <input checked="" type="radio"/> |   |
| Is this request for an Advance? *        | Yes                  | <input type="radio"/>            | (Please submit a signed 9250, 9250a, Executed contract, invoice or purchase order to support the amount being requested in advance) |
|  | No                   | <input checked="" type="radio"/> | (Please submit a signed 9250 and 9250a)   |
| How many units does the facility have? * | <input type="text"/> |                                  |   |
| Reserve Account Balance *                | <input type="text"/> |                                  |   |
| as of *                                  | <input type="text"/> |                                  |   |
| Please Verify Reserve Account Balance *  | <input type="text"/> |                                  |   |
| Total Purchase Amount *                  | <input type="text"/> |                                  |   |
| Total Requested Amount *                 | <input type="text"/> |                                  |   |
| Is any single item more than \$50,000? * | Yes                  | <input type="radio"/>            | (Please submit three bids for each item exceeding \$50,000)   |
|  | No                   | <input checked="" type="radio"/> |   |

19. Were any of the items purchased more than 365 days ago? – Select the appropriate radio button to determine if there is any purchase more than 365 days older than the R4R request.
- a. If yes, please submit all invoices, receipts, contracts, pictures, etc.
20. Does the R4R request propose remodeling, adding to, subtracting from, reconstruction, or demolishing a portion of the mortgaged project? - Select the appropriate radio button and attached documents accordingly.
21. Is the release being used to cover any portion of the mortgage? – Select the appropriate radio button and attached documents accordingly.
22. Servicer Comments – Select the appropriate radio button to signify that you would like to leave a comment. You can enter up to 50 characters into this field, to be seen by HUD.

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Were the R4R items purchased more than 365 days ago?	Yes	<input type="radio"/>	(Please submit all invoices, receipts, contracts, pictures, etc)
	No	<input checked="" type="radio"/>	

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Does this R4R request propose remodeling, adding to, subtracting from, reconstructing, or demolishing a portion of the mortgaged project (as discussed further in Asset Management Section 3.4.4 of Handbook 4232, Healthcare Mortgage Insurance)? *	Yes	<input type="radio"/>	
	No	<input checked="" type="radio"/>	

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Is release being contemplated to cover mortgage payments on the property?	Yes	<input type="radio"/>	
	No	<input checked="" type="radio"/>	

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Servicer Comments	<input type="text"/>
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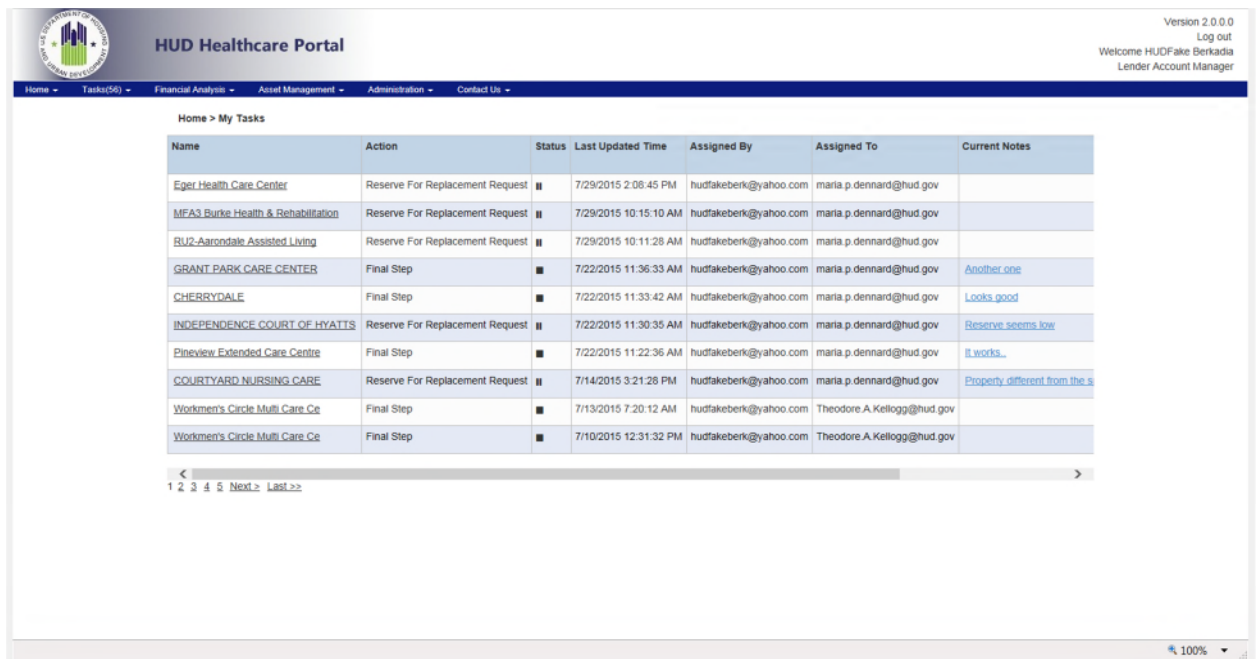
	<b>Evidential Information:</b>	
<b>Attach 9250: *</b>	<input type="text"/>	
	<b>Attach File</b>	<b>Remove File</b>
<b>Attach 9250a: *</b>	<input type="text"/>	
	<b>Attach File</b>	<b>Remove File</b>
<b>Attach Invoice:</b>	<input type="text"/>	
	<b>Attach File</b>	<b>Remove File</b>
<b>Attach Receipt:</b>	<input type="text"/>	
	<b>Attach File</b>	<b>Remove File</b>
<b>Attach Contract:</b>	<input type="text"/>	
	<b>Attach File</b>	<b>Remove File</b>
<b>Attach Picture:</b>	<input type="text"/>	
	<b>Attach File</b>	<b>Remove File</b>
<b>Attach Other:</b>	<input type="text"/>	
	<b>Attach File</b>	<b>Remove File</b>

23. Enter the required Evidential Information, such as the most current 9250, 9250a and any additional documents identified throughout the submission process.
24. Attach Other - Attach documents that cannot be titled as an Invoice, receipt, contract, or picture.
  - a. If you attach "Other" documents, please describe the type of document you are submitting.
25. Submit – Click submit when you have entered all required information and attached all required documents.
26. Read and accept the Acknowledgement language before submission.

27. Click “Submit”.

- a. If you are a Lender Delegate, your recommendation will immediately be captured, and you will receive an e-mail notifying you of HUD’s receipt of the Reserve for Replacement Decision.
- b. If the submission is not Lender Delegated, and the request is auto-approved, you will receive an e-mail notifying you of the auto-approval.
- c. If the submission is not Lender Delegated or auto-approved, you will receive an e-mail, notifying you of the request being reviewed by the HUD Account Executive (AE).
  - i. Following HUD AE review/decision, you will receive an e-mail containing the results of the request.

28. After submitting the request, the Portal will automatically take you to the “My Task” section of the Portal where you can view the submission and its status. The “||” (pause symbol) = **Awaiting Action from someone else**, the “■” stop symbol = **All Actions are Complete**, the “▶” (play symbol) = **Awaiting action from you**.



Name	Action	Status	Last Updated Time	Assigned By	Assigned To	Current Notes
Eger Health Care Center	Reserve For Replacement Request		7/29/2015 2:08:45 PM	hudfakeberk@yahoo.com	maria.p.dennard@hud.gov	
MFA3 Burke Health & Rehabilitation	Reserve For Replacement Request		7/29/2015 10:15:10 AM	hudfakeberk@yahoo.com	maria.p.dennard@hud.gov	
BU2-Aarondale Assisted Living	Reserve For Replacement Request		7/29/2015 10:11:28 AM	hudfakeberk@yahoo.com	maria.p.dennard@hud.gov	
GRANT PARK CARE CENTER	Final Step	■	7/22/2015 11:36:33 AM	hudfakeberk@yahoo.com	maria.p.dennard@hud.gov	<a href="#">Another one</a>
CHERRYDALE	Final Step	■	7/22/2015 11:33:42 AM	hudfakeberk@yahoo.com	maria.p.dennard@hud.gov	<a href="#">Looks good</a>
INDEPENDENCE COURT OF HYATTS	Reserve For Replacement Request		7/22/2015 11:30:35 AM	hudfakeberk@yahoo.com	maria.p.dennard@hud.gov	<a href="#">Reserve seems low</a>
Pineview Extended Care Centre	Final Step	■	7/22/2015 11:22:36 AM	hudfakeberk@yahoo.com	maria.p.dennard@hud.gov	<a href="#">It works..</a>
COURTYARD NURSING CARE	Reserve For Replacement Request		7/14/2015 3:21:28 PM	hudfakeberk@yahoo.com	maria.p.dennard@hud.gov	<a href="#">Property different from the s</a>
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	

**You have now submitted a Reserve for Replacement request for this property.**