Funds Authorization
Section 242

U.S. Department of Housing and Urban Development
Office of Hospital Facilities

OMB Approval No. 2502-0602
(Exp. 08/31/2019)

Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Warning: Federal law provides that anyone who knowingly or willfully submits (or causes to submit) a document containing any false, fictitious, misleading, or fraudulent statement/certification or entry may be criminally prosecuted and may incur civil administrative liability. Penalties upon conviction can include a fine and imprisonment, as provided pursuant to applicable law, which includes, but is not limited to, 18 U.S.C. 1001, 1010, 1012; 13 U.S.C. 3729, 3802, 24 C.F.R. Parts 25, 28 and 30, and 2 C.F.R. Parts 180 and 2424.

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

☐ **Mortgage Reserve Fund**	☐ **Other Reserve Fund (specify below)**	FHA Project Number:
Is this withdrawal request to replace equipment and/or major components with energy efficient products/systems? ☐ Yes ☐ No		Lender Loan Number: (Optional) Property Address: (Include City, State, and Zip Code)
To: (Lender) or Servicer		Comments: (Optional)

This is your authority to release the following amounts from the reserve: Purpose:	Amount
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
Total Amount	$

Check (X) appropriate box:
☐ An inspection made on the date of (mm/dd/yyyy) _____ revealed satisfactory replacement and/or installation.
☐ An inspection will be made on the next visit to the property. Satisfactory replacement and/or installation will be determined at that time.

This Office has approved (Check (X) appropriate boxes.) This is your authority to adjust the Reserve requirements accordingly. This authority is revocable upon written notice from HUD.
☐ A suspension of Deposits to the Reserve from the date of (mm/dd/yyyy) _____ to the date of (mm/dd/yyyy) _____
☐ A suspension of Deposits to the Reserve as long as a balance of $ _____ is maintained.
☐ A change in the Scheduled Deposit to the Reserve from $ _____ to $ _____ effective the date of (mm/dd/yyyy) _____ through the date (mm/dd/yyyy) _____

Remarks (optional)

To: (Borrower)	Name: HUD Authorizing Official: (please type or print)		
	Signature		
	City	State	Date (mm/dd/yyyy)