(See instructions)

US Department of Housing and Urban Development

Office of Housing/Federal Housing Commissioner

Part I to be completed by Controlling Participant(s) of Covered Projects

US Department of Agriculture

Farmers Home Administration

For HUD HQ/FmHA use only

Reason for submission:								
1. Agency name and City where the application is filed		2. Project Name, Project Number, City and Zip Code						
			• •	•				
3. Loan or Contract amount \$	4. Number of Units or Beds	5. Section of	F A at	6 Trung of Duo	ingt (abaalt ana)			
3. Loan of Contract amount \$	4. Number of Offits of Beds	5. Section of	Act	Existing	Froject (check one) Rehabilitation Proposed (New)			
7. List all proposed Controlling Participant	s and attach complete organization chart	for all arga	nizations showing ow	<u> </u>	Kenaom	Troposed (New)		
Name and address (Last, First, Middle Initial) of cont		ioi ali oiga	8 Role of Each Principal		9. SSN or IRS Emplo	over Number (TIN)		
Name and address (Last, First, Wilddle Illitial) of cont	Tolling participani(s) proposing to participate		8 Role of Each Fillicipal	III F Toject	9. SSN 01 IKS Empl	oyer Number (111N)		
Certifications: The controlling participants(s) listed about	ove hereby apply to HIID or USDA FmHA as the case	maybe for ann	roval to participate as contro	lling participant	(s) in the role(s) and pro	viect listed above. The		
controlling participant(s) certify that the information pro								
fraudulent statement, representation, or certification may								
accuracy of the following:	y result in eriminal, ervin, and, or administrative surretion	,	es, penarces, and impressin	1110 00111101	mg paratripants(s) rara	not corning to the train and		
1. Schedule A contains a listing, for the last ten years, or	f every project assisted or insured by HUD, USDA Fm!	HA and/or State	and local government hous	ing finance agen	cies in which the contro	olling participant(s) have		
participated or are now participating.								
2. For the period beginning 10 years prior to the date of	this certification, and except as shown on the certification	ion:						
a. No mortgage on a project listed has ever been in defar	ult, assigned to the Government or foreclosed, nor has i	t received mort	gage relief from the mortgag	gee;				
b. The controlling participants have no defaults or nonco								
c. There are no known unresolved findings as a result of				g participants or	their projects;			
d. There has not been a suspension or termination of pay								
e. The controlling participants have not been convicted					any offense punishable	by imprisonment for a term		
	classified as a misdemeanor under the laws of a State a							
f. The controlling participants have not been suspended,	, debarred or otherwise restricted by any Department or	Agency of the	Federal Government or of a	State Governme	at from doing business v	with such Department or		
Agency;		11 41	1 1:	1 (*	1.1% 1 1			
g. The controlling participants have not defaulted on an 3. All the names of the controlling participants who properties the controlling participants of the controlling participants who provides the controlling participants who provides the controlling participants are controlled to the controlling participants who provides the controlling participants are controlled to the controlling participants who provides the controlling participants are controlled to the controlling participants who provides the controlling participants are controlled to the controlling participants who provides the controlling participants are controlled to the controlling participants who provides the controlling participants who provides the controlling participants are controlled to the controlling participants are controlled to the controlled		d nave not beer	the subject of a claim under	an employee 110	lenty bond;			
4. None of the controlling participants is a HUD/FmHA		mmadiata haus	shold as defined in Standard	of Ethical Con	duat for Employage of th	ha Evacutiva Pranch in 5		
	d of Conduct in 24 C.F.R. Part 0 and USDA's Standard			s of Ethical Cond	fuct for Employees of th	le Executive Branch in 5		
5. None of the controlling participants is a participant in				ess of 20 days or	which has been substan	ntially completed for more		
	nal cost certification, have not been filed with HUD or I		stopped for a period in exec	255 01 20 days 01	winen has been substan	many completed for more		
6. None of the controlling participants have been found by			sing and civil rights require	ments in 24 CFR	5.105(a). (If any contro	olling participants have been		
	, attach a signed statement explaining the relevant facts.				(). (g F F		
7. None of the controlling participants is a Member of C				vith the Governm	nent of the United State	s of America.		
8.Statements above (if any) to which the controlling par								
attached a true and accurate signed statement (if app		2	1			•		
Name of Controlling Participant	*	Signatu	re of Controlling	Certification	n Date	Area Code and Tel. No.		

(mm/dd/yyyy)

Area Code and Tel. No.

Participant

Schedule A: List of Previous Project								
n covered projects as per 24 CFR, pa								
follow the instruction sheet carefully.		Add extra sheets if you	need more space. Double chec	k for accuracy.	If no pr	evio	ous projects	s, write by your name, "No
previous participation, First Experi								
Controlling Participants' Name (Last, First		rojects (Project name, a agency involved)	3.List Participants' Role(s) (indicate dates participated, and if fee or identity of interest participant)	4. Status of loan (current, defaulted assigned, foreclose	d, in sed) pa	5.Was the Project evin default during you participation Yes No If yes, explain		ur Physical Insp. Score and date
Part II- For HUD Internal Processin eceived and checked by me for accuracy and co		roval or refer to Headquarte	rs after checking appropriate box					
Date (mm/dd/yyyy)	Tel No. and area code	iovar or refer to ricadquarte	arei enecking appropriate ook.					
Staff Processing and Control		A. No adverse information; form H recommended.		HUD-2530 approva	al [C. Disclosure or Certification problem		
			B. Name match in system			D. Other (attach memorandum)		
Signature of authorized reviewer Sig		Signature of authorized re	Signature of authorized reviewer App					Date (mm/dd/yyyy)
						П.	. .	

Instructions for Completing the Previous Participation Certificate, form HUD-2530

Carefully read these instructions and the applicable regulations. A copy of the regulations published at 24 C.F.R. part 200, subpart H, § 200.210-200.222 can be obtained on-line at www.gpo.gov and from the Account Executive at any HUD Office. Type or print neatly in ink when filling out this form. Incomplete form will be returned to the applicant.

Attach extra sheets as you need them. Be sure to indicate "Continued on Attachments" wherever appropriate. Sign each additional page that you attach if it refers to you or your record. **Carefully read the certification before you sign it.** Any questions regarding the form or how to complete it can be answered by your HUD Account Executive.

Purpose: This form provides HUD/USDA FmHA with a certified report of all previous participation in relevant HUD/USDA programs by those parties submitting the application. The information requested in this form is used by HUD/USDA to determine if you meet the standards established to ensure that all controlling participants in HUD/USDA projects will honor their legal, financial and contractual obligations and are of acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify and submit your record of previous participation, in relevant projects, by completing and signing this form, before your participation can be approved.

HUD approval of your certification is a necessary precondition for your participation in the project and in the capacity that you propose. If you do not file this certification, do not furnish the information requested accurately, or do not meet established standards, HUD will not approve your certification.

Note that approval of your certification does not obligate HUD to approve your project application, and it does not satisfy all other HUD program requirements relative to your qualifications.

Who Must Sign and File Form HUD-2530: Form HUD-2530 must be completed and signed by all Controlling Participants of Covered Projects, as such terms are defined in 24 CFR part 200 §200.212, and as further clarified by the Processing Guide (HUD notice H 2016-15) referenced in 24 CFR §200.210(b) and available on the HUD website at: http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/prevparticipation.

Where and When Form HUD-2530 Must Be Filed: The original of this form must be submitted to the HUD Office where your project application will be processed at the same time you file your initial project application. This form must be filed with applications for projects listed in 24 CFR §200.214 and for the Triggering Events listed at 24 CFR §200.218.

Review of Adverse Determination: If approval of your participation in a HUD project is denied, withheld, or conditionally granted on the basis of your record of previous participation, you will be notified by the HUD Office. You may request reconsideration in accordance with 24 CFR §200.222 and further clarified by the Processing Guide. Request must be made in writing within 30 days from your receipt of the notice of determination.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law 42 U.S.C. 3535(d) and by regulation at 24 CFR 200.210. This information is needed so that principals applying to participate in multifamily programs can become HUD-approved controlling participants. The information you provide will enable HUD to evaluate your record with respect to established standards of performance, responsibility and eligibility. Without prior approval, a controlling participant may not participate in a proposed or existing multifamily or healthcare project. HUD uses this information to evaluate whether or not controlling participants pose an unsatisfactory underwriting risk. The information is used to evaluate the potential controlling participants and approve only individuals and organizations that will honor their legal, financial and contractual obligations.

Privacy Act Statement: The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number (SSN). HUD must have your SSN for identification of your records. HUD may use your SSN for automated processing of your records and to make requests for information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN.

Public reporting burden for this collection of information is estimated to average three 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 agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

A response is mandatory. Failure to provide any of the information will result in your disapproval of participation in this HUD program.