

NE Region FHA Number Request Form

Please complete this form and email it to NE.FHANumber@hud.gov to request a new FHA number. As a reminder, a new FHA number is required for all new application submissions and application resubmissions following a withdrawal/rejection.

Please review the MAP and TAP (risk share) columns to understand which information is required.

MAP	TAP	Item	HUD Instructions / Notes	Lender Response
X	X	1. Project Name:		
X	X	2. SOA:		
	X	(a). Risk Share only: Traditional or FFB?	<i>If this is an FFB risk share, please ensure you are approved to do FFB. If you are requesting a 542(b) loan, please ensure you are approved to do 542(b).</i>	
		(b). Risk Share only: What is the risk share on this loan?	<i>Ex: 50/50, 90/10, etc.</i>	
X	X	3. Superseded FHA Number:	<i>If the project is subsidized but not insured, provide the existing Section 8 HAP number.</i>	
X	X	4. Superseded Project SOA:	<i>If the existing loan is a 223(a)(7), please provide the prior SOA that was not a 223(a)(7).</i>	
X		5. Pre-App or Firm:		
X	X	6. Activity (select one):		
		(a). New Construction		
		(b). Substantial or Gut Rehabilitation		
		(c). Acquisition		
		(d). Refinance		
X	X	7. Timing of Insurance (select one):		
		(a). Insurance of Advances	<i>For NC/SR loans: FHA-insured loan funds will be used during construction. For FFB Risk Shares: You <u>cannot</u> select Insurance of Advances, only Insured Upon Completion.</i>	

X	X	(b). Insured Upon Completion	<i>Applies to all refinances. For NC/SR: FHA insurance will begin at FE/conversion.</i>	
X	X	8. Mortgagor Type:	<i>Profit-motivated, Non-profit, etc.</i>	
X	X	9. Terms:		
X	X	(a). Mortgage Amount		
X	X	(b). Interest Rate		
X		(c). Cash Out Amount		
X	X	10. Number of Revenue Units:		
		(a). Number of Non-Revenue Units		
X		11. Facility Type:	<i>Apartments, Co-Op, etc.</i>	
X	X	12. Characteristics (Y/N):		
		(a) Tax Exempt Bonds		
		(b) LIHTC – 4%	<i>Clarify if new or existing.</i>	
		(c) LIHTC – 9%	<i>Clarify if new or existing.</i>	
		(d) Project-Based Section 8		
		(e) Interest Reduction Payments (IRP)		
		(f) Currently a Section 202/811 Direct Loan		
		(g) CBDG Funding		
		(h) HOPE VI		
		(i) MUTM	<i>If yes, when was the request submitted to the PBCA?</i>	
		(j) Three-Year Deal	<i>If yes, when was the final COO issued?</i>	
	(k) Middle-Income Deal	<i>Applies to 221(d)(4)s only. Confirm the eligibility characteristic – State or Local Program, Military Rental Partnership Program, or Federal Land</i>		
X		13. Commercial Waiver Request (Y/N):		
X	X	14. Project Street Address:		
X	X	15. Project City:		
X	X	16. Project County:		
X	X	17. Project State & Zip Code:		

X	X	(a). If Scattered Site (Y/N)	<i>Identify each site's address and the number of units at each site.</i>	
X	X	18. Congressional District Code Number:		
X	X	19. Lender/HFA Name & HUD ID Number:		
X	X	20. Lender/HFA's Contact Name and Email:		
X		21. 241(a) only:	<i>Answer 21(a) and then all other sub-questions that apply.</i>	
		(a) Indicate EITHER Improvements OR Alterations		
		(b) Nursing home equipment?		
		(c): Will residential units be added? If so, how many?		
		(d): Will residential units be removed? If so, how many?		