US Department of Housing and Urban Development

Office of Housing/Federal Housing Commissioner

US Department of Agriculture

Farmers Home Administration

Part I to be completed by Controlling Participant of Covered Projects (See instructions) Reason for submission:		For HUD HQ/FmHA use only					
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		☐ Existing		oject (check one) Rehabilitation Proposed (New)		
	nts and attach organization chart for all org	ganizations					
Name and address of Principals and Affiliates (Name: Last, First, Middle Initial) proposing to participate			8 Role of Each Princip		l in Project 9. SSN or IRS Employer Number		
Cartifications: The controlling participants(s) listed a	bove hereby apply to HUD or USDA FmHA, as the case	mayba for ann	roval to participate as cont	rolling participant	(s) in the role(s) and pro	viact listed above. The	
participated or are now participating. 2. For the period beginning 10 years prior to the date of a No mortgage on a project listed has ever been in deb. The controlling participants have no defaults or nor c. There are no known unresolved findings as a result d. There has not been a suspension or termination of pe. The controlling participants have not been convicted exceeding one year, but does not include any offens of the controlling participants have not been suspended Agency; g. The controlling participants have not defaulted on a subject of the controlling participants is a HUD/FmH C.F.R. Part 2635 (57 FR 35006) and HUD's Standard S. None of the controlling participants is a participant than 90 days and documents for closing, including 6. None of the controlling participants have been found found to be in noncompliance with any requiremen 7. None of the controlling participants is a Member of	IA employee or a member of a HUD/FmHA employee's in ard of Conduct in 24 C.F.R. Part 0 and USDA's Standard of in an assisted or insured project as of this date on which of final cost certification, have not been filed with HUD or I d by HUD or FmHA to be in noncompliance with any apparts, attach a signed statement explaining the relevant facts. If Congress or a Resident Commissioner nor otherwise proparticipant(s) cannot certify have been deleted by striking	on: t received mort c Contract of Sa ntal investigatic aint or indictme and punishable I Agency of the d have not been mmediate house of Conduct in 7 construction has FmHA. blicable fair hou c circumstances hibited or limit through the wor	gage relief from the mortg- le in connection with a pul- ons concerning the controll cipant's fault or negligence in the charging a felony. (A fe- oy imprisonment of two ye Federal Government or of the subject of a claim und chold as defined in Standar C.F.R. Part 0 Subpart B. as stopped for a period in ex- using and civil rights requir and resolution, if any). ed by law from contracting did with a pen, and the con ure of Controlling	agee; olic housing projeing participants o; clony is defined as ars or less); a State Government of the control	ct; r their projects; any offense punishable ent from doing business delity bond; duct for Employees of the r which has been substant R 5.105(a). (If any control ment of the United State at(s) have initialed each of	by imprisonment for a term with such Department or the Executive Branch in 5 intially completed for more colling participants have been sof America.	
<u> </u>		Partici		(mm/dd/yy	yy)		
This form prepared by (print name)			Area Code and Tel. No.				

Schedule A: List of Previous Projects and Section 8 Contracts. Below is a complete list of the controlling participants' previous participation projects and participation history in multifamily Housing programs of HUD/FmHA, State and local Housing Finance Agencies. Note: Read and follow the instruction sheet carefully. Make full disclosure. Add extra sheets if you need more space. Double check for accuracy. If no previous projects, write by your name, "No previous participation, First Experience". 1. Controlling Participants' Name (Last, First) 2. List of previous projects (Project name, 3.List Participants' Role(s) 4. Status of loan 5. Was the Project ever 6. Last MOR rating and in default during your project ID and, Govt. agency involved) (indicate dates participated, and if (current, defaulted, Physical Insp. Score and fee or identity of interest assigned, foreclosed) participation participant) Yes No If yes, explain **Part II- For HUD Internal Processing Only** Received and checked by me for accuracy and completeness; recommend approval or refer to Headquarters after checking appropriate box. Date (mm/dd/yyyy) Tel No. and area code A. No adverse information; form HUD-2530 approval C. Disclosure or Certification problem recommended. Staff Processing and Control D. Other (attach memorandum) B. Name match in system Signature of authorized reviewer Approved Date (mm/dd/yyyy) Signature of authorized reviewer Yes No

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

Carefully read these instructions and the applicable regulations. A copy of those regulations published at 24 C.F.R. part 200, subpart H, 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. Mark answers in all blocks of the form. If the form is not filled completely, it will delay approval of your application.

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 with a certified report of all previous participation in HUD programs by those parties making application. The information requested in this form is used by HUD to determine if you meet the standards established to ensure that all controlling participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify your record of previous participation in HUD/USDA-FmHA, State and Local Housing Finance Agency projects by completing and signing this form, before your project application or 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 200.212, and as further clarified by the Processing Guide referenced in 24 CFR 200.210(b) and made 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.

Specific Line Instructions are set forth in the Processing Guide.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law (42 U.S.C. 3535(d) and 24 C.F.R. 200.217) 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 1 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.