

Funds Authorizations

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0555
(exp. 02/28/2007)

<p>Public reporting burden for this collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.</p> <p>The regulations at 24 CFR Part 880.601 and 24 CFR Part 880.602 authorizes the Secretary of the Department of Housing and Urban Development to effectively monitor withdrawals from the Reserve for Replacements and/or Residual Receipts Funds. This information collection sets forth the information that must be reviewed and approved by HUD in order to withdraw funds from these accounts. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.</p>			
<p>Instructions: Indicate the Fund for the request and provide the information for each section as requested.</p>			
<input type="checkbox"/> Reserve for Replacements Fund	<input type="checkbox"/> Residual Receipts Fund	Project Number:	
		Mortgagee Loan Number: (Optional)	
		Property Address: (Include City, State, and Zip Code)	
To: (Mortgagee)		Comments: (Optional)	
This is your authority to release the following amounts from the reserve: Purpose:			Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Amount			\$
<p>Check (X) appropriate box:</p> <input type="checkbox"/> An inspection made on the date of (mm/dd/yyyy) _____ revealed satisfactory replacement and/or installation. <input type="checkbox"/> An inspection will be made on the next visit to the property. Satisfactory replacement and/or installation will be determined at that time.			
<p>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.</p> <input type="checkbox"/> A suspension of Deposits to the Reserve from the date of (mm/dd/yyyy) _____ to the date of (mm/dd/yyyy) _____ <input type="checkbox"/> A suspension of Deposits to the Reserve so long as a balance of \$_____ is maintained. <input type="checkbox"/> A change in the Monthly Deposit to the Reserve from \$_____ to \$_____ effective the date of (mm/dd/yyyy) _____ through the date (mm/dd/yyyy) _____			
Remarks (optional)			
To: (Mortgagor/Managing Agent)		Name of Hub Director or Program Center Director: (please type or print)	
		Signature	
		City	State

Mortgagee: Retain this record for three years.
Distribution: One copy to Mortgagor and HUD files.

form **HUD-9250**
Ref. Handbook 4350.1
11/1/2006