

Supplement to Application for a Multifamily Housing Project

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

OMB No. 2502-0029
(exp. 07/31/2009)

To Be Completed by Each Sponsor and by the General Contractor

Public reporting burden for this collection of information is estimated to average 36 minutes 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 collection of information is required under Section 207(b) of the National Housing Act (Public Law 479, 48 Stat. 1246, 12 U.S.C. 1701, et. seq.), authorizing the Secretary of HUD to insure mortgages. The information is used by HUD to verify the credit status of the applicants for mortgage insurance, including the principal sponsors and the general contractor. The information is also authorized by 24 CFR 207.17 and is being collected by HUD to facilitate the evaluation of multiple participation.

Privacy Act Statement. The U.S. Housing Act of 1937, as amended, authorizes HUD to collect this information. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect Social Security Numbers (SSN) or Employee Identification Numbers (EIN). Providing the SSN is mandatory for the sponsor, mortgagor, borrower and owner, and failure to provide it could result in disapproval of participation in this HUD program and/or delay action on the proposal. Submission of the SSN is voluntary for all other participants. The SSN is used as a unique identifier. HUD may disclose this 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 HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN or EIN. Failure to provide the information may result in HUD's denial of proposed management or fees or cancellation of management contracts for noncompliance with HUD procedures.

Project Name	Project Number	Applicant's Name
Applicant's Address		Telephone Number

Describe Your Affiliation with the Project

Credit References: Include all Bank, Finance, Trade and Supply Creditors. You may omit creditors with balances less than \$200.00

Firm Name	Address		
Telephone Number	Account Number	Present Balance	Terms
Firm Name	Address		
Telephone Number	Account Number	Present Balance	Terms
Firm Name	Address		
Telephone Number	Account Number	Present Balance	Terms
Firm Name	Address		
Telephone Number	Account Number	Present Balance	Terms
Firm Name	Address		
Telephone Number	Account Number	Present Balance	Terms
Firm Name	Address		
Telephone Number	Account Number	Present Balance	Terms

Other References: Check here if other references are provided on a separate sheet.

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| <p>1. Are you or have you been delinquent on any Federal debt? If Yes, attach a letter from the affected agency that the debt is satisfied or under a workout agreement. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you or have you been a defendant in any suit or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>3. Have you ever claimed bankruptcy or made compromised settlements with creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Are there judgments recorded against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to any of questions 1 thru 4 is yes, mark this block and give the details on a separate sheet. <input type="checkbox"/></p> |
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Sponsor: I certify that the foregoing, submitted by me, for the purpose of obtaining mortgage insurance under the National Housing Act, or a Capital Advance under the Housing Act of 1959, as amended, or Section 811 of the National Affordable Housing Act of 1990, is true and correct to the best of my knowledge and belief.

Sponsor's Signature & Date (mm/dd/yyyy)

Social Security Number (or EIN)

Contractor: I certify that the foregoing, submitted by me, is true and correct to the best of my knowledge and belief.

Contractor's Signature & Date (mm/dd/yyyy)

Employee Identification Number

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)