Title II Mortgagee Annual Verification Report

U.S. Department of Housing and Urban Development

Office of Housing / Federal Housing Commissioner

Instructions: Review the preprinted data listed on your company below and correct as necessary via the FHA Connection. Execute the certification and follow instructions provided below for submission of this report.

report.	
Mortgagee Number:Office ID:	Report Date:
Mortgagee Name:	
Doing Business As:	Assumed Dates
GNMA ID: Title I ID:	Approval Date:
Telephone Number:	Tax ID:
Mortgagee Type:	Fiscal Year End:
Institution Type:	
Supervising Agency:	
Servicing/Origination Status:	
Sponsor, Loan Correspondent and Branches:	Approved HUD Jurisdictions and Mortgagee Addresses:
Review/Update Sponsors, Loan Correspondents and	Review jurisdiction data via FHA Connection.
Branches via FHA Connection	Review/Update Address Data via FHA Connection
Geographic Address:	Conditional/Firm Commitment Address:
Mailing Address:	Endorsement Address:
Maning Address.	Endorsement Address.
Premium Billing Address:	Payee Address:
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Recertification Fee: (Pay this fee using Pay.gov via	Return one signed copy of this report to:
of your company's FHA Connection account) Home Office @\$500	HUD Office of Lender Activities 451 7 th Street SW
Approved Branches @ \$200 ea	Room B-133/P3214
Total Payment Due:	Washington, DC 20410
	Trushington, 20 20120
I certify that none of the principals, owners, officers, di	rectors, and/or employees of the above named mortgagee
are currently involved in a proceeding and/or investiga	ition that could result, or has resulted in a criminal suspension, or civil money penalty by a Federal, State, or
local government.	suspension, or civil money penalty by a rederal, State, or
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I certify that the above named mortgagee has not bee State(s) in which it originates and or services HUD-FHA	n refused a license and has not been sanctioned by any
State(3) III WINCH It originates and or services hob this	Kinsurca mortgages.
	rations of the above named mortgagee conforms to HUD-
FHA regulations, handbooks and policies.	
I certify that to the best of my knowledge, the above n	
	the above named mortgagee is fully responsible for all
actions of its employees including those of its HUD-FH/	A approved branch offices.
(cignatura)	Printed Name
(signature) President Vice President	riinteu ivaille
r resident vice r resident	
Date Phone Number	Fax Number

Public Reporting Burden for this collection of information is estimated to average .10 hours 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. The information requested on this form is required by 24 CFR Part 202. The information collected assists FHA in determining which lenders should be approved to participate in the FHA single and multifamily insurance programs.

OMB Approval No. 2502-0005

(exp. 10/31/2006)

It is used to help FHA minimize its risk in insuring single family and multifamily mortgages to minimize its risk. Applicants are required to respond to this collection of information unless a currently valid approved OMB control number is displayed.	e not