Mortgagee Report of Special Escrow

Schedule E   Sheet _____ of _____

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

Public reporting burden for this collection of information is estimated to average 15 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 agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The information is collected to obtain required fiscal data for the Department to pay insurance benefits. The information provides the Department with the necessary fiscal data to audit the claim submission and accurately compute insurance benefits owed to the lender. Payment of such benefits is cited in Statute 12 USC 1713(g) of the Nation Housing Act. The information requested does not lend itself to confidentiality.

1. Mortgagee (Name and Address)	2. Project (Name and Location)

3. Project Number	4. Date Mortgagee Assumed control of Project	5. Date Mortgagee Relinquished Control of Project

Instructions: Submit an original and three copies for each Project. Complete all items. All amounts actually controlled by you, as mortgagee, or your servicer, are to be reported. If no funds were held by you at anytime for the type of escrows listed, enter an "X" in the space provided. Furnish authorizations for all special escrow disbursements.

Type of Escrow	Total Amount Received	Disbursements		Total Disbursed	Balance
		Date	Amount		
On-Site Escrow ☐ None	$				
Off-Site Escrow ☐ None	$				
Completion Escrow ☐ None	$				
Mortgage Insurance Premium Refund ☐ None	$				
	Payee or Other Disposition of Mortgage Insurance Premium Refund				
Residual Receipts ☐ None	**Balance on Hand $**				

Working Capital Deposits (Enter total amount received or place an "X" here) ☐ None   **Total Amount Received** $

Show Disbursement detail and balance below.

Purpose of each Disbursement	Date Disbursed	Amount Disbursed

Certification: The undersigned hereby certifies that the statement and the information contained herein are true and correct.

	Total Disbursements Working Capital	$
Signature and Title of Certifing Official Date	**Balance of Working Capital**	$

Send original and 3 copies to the:

Mortgagee/Servicer should retain 1 copy.
Previous editions are obsolete.

U.S. Department of Housing and Urban Development
Office of Mortgage Insurance Accounting and Servicing
Attn: Multifamily Accounting and Servicing Division, HFMM
Washington, D.C. 20410 - 8000

form **HUD-2744-E** (3/91)
ref Handbook 4110.2