

**Title I Lender  
Annual Verification Report**

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

OMB Approval No. 2502-0005  
(exp. 10/31/2006)

**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.

Lender Number: _____ Office ID: _____		Report Date: _____
Lender Name: _____		
Doing Business As: _____		
GNMA ID: _____	Title II ID: _____	Approval Date: _____
Telephone Number: _____		Tax ID: _____
Mortgagee Type: _____		Fiscal Year End: _____
Institution Type: _____		
Supervising Agency: _____		
Servicing/Origination Status: _____		
Sponsor, Loan Correspondent and Branches: Review/Update Sponsors, Loan Correspondents and Branches via FHA Connection		Approved HUD Jurisdictions and Mortgagee Addresses: Review jurisdiction data via FHA Connection. Review/Update Address Data via FHA Connection
Geographic Address:		Conditional/Firm Commitment Address:  (not applicable for Title I)
Mailing Address:		Endorsement Address:  (not applicable for Title I)
Premium Billing Address:		Payee Address:
Recertification Fee: (Pay this fee using Pay.gov via of your company's FHA Connection account) Home Office @\$150 _____ Approved Branches @ \$50 ea _____ Total Payment Due: _____		Return one signed copy of this report to: HUD Office of Lender Activities 451 7 <sup>th</sup> Street SW Room B-133/P3214 Washington, DC 20410
<p>I certify that none of the principals, owners, officers, directors, and/or employees of the above named lender are currently involved in a proceeding and/or investigation that could result, or has resulted in a criminal conviction, debarment, limited denial of participation, suspension, or civil money penalty by a Federal, State, or local government.</p> <p>I certify that the above named lender has not been refused a license and has not been sanctioned by any State(s) in which it originates and or services HUD-FHA insured loans.</p> <p>I know, or am in the position to know, whether the operations of the above named lender conforms to HUD-FHA regulations, handbooks and policies.</p> <p>I certify that to the best of my knowledge, the above named lender conforms to all HUD-FHA regulations necessary to maintain its HUD-FHA approval, and that the above named lender is fully responsible for all actions of its employees including those of its HUD-FHA approved branch offices.</p>		
_____ (signature)		_____ Printed Name
President ____ Vice President ____		
_____ 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.

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