

Lender Self Reporting for
Noncompliances
On Title II Mortgages

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

OMB Approval No. 2502-0005
(exp. _____)

Lender Self Reporting		
Please enter the information related to FHA Case Number 023-2145103 that you are reporting on below.		
This form contains 3 main sections: 1) Loan Information, 2) Audit Results, and 3) Suspected Fraud Results. The Audit Results section should be completed to display the results of the loan level audit/review that was completed on the loan file. The Audit Results section should include all loan level serious deficiencies and/or noncompliance with HUD/FHA requirements, <u>except</u> Fraud. Fraud or Suspected Fraud <u>must</u> be reported in the Suspected Fraud Results section.		
Fields marked with an asterisk (*) are REQUIRED fields. Your report will not be submitted if those fields are left blank. Thank you.		
Lender Self Reporting Help Page		
MORTGAGEE INFORMATION		
Mortgagee Name: PINNACLE ACCEPTANCE MORTGAGE LLC	Mortgagee ID: 14650	*Mortgagee Contact: <input type="text"/>
*Contact Phone Number: <input type="text"/>	User Name: Joe A Doe	User e-mail: jdoe@email.com
REVIEW/AUDIT INFORMATION		
*Audit Begin Date: (mm/dd/yyyy) <input type="text"/>	Audit Completion Date: (mm/dd/yyyy) <input type="text"/>	
LOAN INFORMATION		
Originating Mortgagee Name: PINNACLE ACCEPTANCE MORTGAGE LLC	Originating Branch ID: 1465000003	Broker/TPO: <input type="text"/>
Loan Officer: <input type="text"/>	FHA Case Number: 023-2145103	*Lender Loan Number: <input type="text"/>
Borrower 1 (Last Name, First Name): REYES, MARGARITA	SSN1: 458-99-0160	
Borrower 2 (Last Name, First Name): ALEXANDER, JAMES	SSN2: 642-52-6266	
Property Street Address: 5719 N 23RD AVE	Property City: PHOENIX	Property State: ARIZONA
Property Zip: 850150000	Property Type: (One Living Unit Within Property)	Loan Purpose: (Purchase an existing house, previously occupied)
Interest Rate: 6.125%	Current Loan Balance: \$122,790.06	FHA Insurance Status: Active
First Payment Due Date: 10/01/2004		
Loan Information Comments: If necessary, provide additional comments regarding loan information.		
<input type="text"/>		

AUDIT RESULTS		
*Audit Finding 1:		
<input type="text" value="(None)"/>		
*Finding 1 Explanation:		
<input style="width: 100%; height: 60px;" type="text"/>		
Audit Finding 2:		
<input type="text" value="(None)"/>		
Finding 2 Explanation:		
<input style="width: 100%; height: 60px;" type="text"/>		
SUSPECTED FRAUD RESULTS		
*Was Fraud Detected:	Type of Fraud:	Relationship Terminated:
<input type="text" value="No"/>	<input type="text" value="(None)"/>	<input type="text" value="(None)"/>
Party to Fraud:	Second Party to Fraud:	
<input type="text" value="(None)"/>	<input type="text" value="(None)"/>	
<small>If Party to Fraud is "Other," please enter description here</small>	<small>If Second Party to Fraud is "Other," please enter description here</small>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Suspected Entity/Individual Name:	Street Address:	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
City:	State:	Zip:
<input style="width: 100%;" type="text"/>	<input type="text" value="(None)"/>	<input style="width: 100%;" type="text"/>
Comments (suspected fraud explanation, corrective action taken, etc.):		
<input style="width: 100%; height: 60px;" type="text"/>		
Corrective Action: (mm/dd/yyyy)		
<input style="width: 100%;" type="text"/>		
Agency Referral Made: (law enforcement, federal, state, etc.)	Date of Referral: (mm/dd/yyyy)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Self-Report Open Date: 02/09/2005		
<input type="button" value="Save this information, and move on to the next case number."/>		

Public Reporting Burden for this collection of information is estimated to average 0.15 hour 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.

Privacy Act Statement. Names and Social Security Numbers are requested in order for the Department to obtain positive identification of the applicant's officers, directors, stockholders and employees who have authority to obligate the applicant. The information requested will be used solely to determine the eligibility of the individuals to participate in the Department's mortgage insurance programs. The Department is authorized to request this information by Executive Order 9397 and it will not be disclosed outside the Department without prior consent except as required or permitted by law. The Social Security Numbers are provided to HUD on a voluntary basis. Failure to provide this information could cause delay in processing of the applications. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.