# Monthly Delinquent Loan Report

1. Name of Mortgagee or Submitting Organization

on Loans that are 30 or More Days Delinquent Single Family Default Monitoring System

# U.S. Department of Housing and Urban Development

3a. Last Name of Contact Person

Office of Housing Federal Housing Commissioner OMB Approval No. 2502-0584 (exp. 07/31/2012)

**HUD Use Only** 

2a. Number & Street Address						3b. First Name of Contact				4a. Principal HUD Servicing Office (city)			
2b. City		2c. State 2d. Zip		Code	3c. Telephone (include area co			ode) 4		4b. State	State 4c. Zip Code		
									Case No. (9digits)		10. ADP Code		
11a.Mortgagor's Last Name 11b.Initials 12a. C			Co-Mortgagor's Last Name 12b.Initials			13a. Property S	3a. Property Street No. 13b. Street Name						
11c. Mortgagor's Soc.Sec.No. 12c. C			co-Mortgagor's Soc.Sec.No.			13c. City			1	13d. State	13e. Zip Code		
14. Due Date of First Payment   15. Date of Oldest Unpaid Installment   16a						17. Occupancy Status		18 Occupancy Status Date		19. U	19. Unpaid Balance		20. DDR Code
uctions: En you havere	nter all dates as ported to SFDM	YYYYMM S that the	DD. Si accou	ubmit month nt is current	ly, no la or clos	ater than ed.	five (5) da	ys following th	he end c	of each m	onth.	Continue	reporting
<ul> <li>Mortgagee Status: enter a 2-letter code.</li> <li>NS = servicing mortgagee Name change</li> <li>AS = servicing mortgagee Address change</li> <li>BS = servicing mortgagee Name &amp;</li> </ul>													
AS = serv	ricing mortgagee ricing mortgagee	Name cha Address o	ange		t Legal nmence	Action to Foreclos	sure		2 = Ser	Transfer vicing Tran gagee			to Another
AS = serv BS = serv	ricing mortgagee ricing mortgagee ricing mortgagee ress change	Name cha Address o	ange	68 = First	t Legal nmence eclosure ction Co	Action to Foreclose Sale He Ompleted	sure eld	22 <b>A</b> d	2 = Sen Mor	icing Trai	nsferre	d or Sold	to Another
1	agee Status s) gagor's Last N gagor's Soc.S Date of Payment uctions: Er you havere	agee Status   6. Period Ending I   gagor's Last Name   gagor's Soc.Sec.No.   15. Date of Oldes   Unpaid Installi   uctions: Enter all dates as you havereported to SFDM	gagor's Last Name 11b.Initial gagor's Soc.Sec.No.  Date of Unpaid Installment Couctions: Enter all dates as YYYYMM	2c. State 2d. Zip  agee Status 6. Period Ending Date 7. Ten-Digit Assigned  gagor's Last Name 11b.Initials 12a. Co  gagor's Soc.Sec.No. 12c. Co  Date of Unpaid Installment Code  cuctions: Enter all dates as YYYYMMDD. Signed Code	2c. State 2d. Zip Code  agee Status 6. Period Ending Date 7. Ten-Digit Mortgagee No Assigned by HUD  gagor's Last Name 11b.Initials 12a. Co-Mortgagor's 12c. Co-Mortgagor's Date of Payment 15. Date of Oldest Unpaid Installment Code 16b. DDS Date Ode 16b. DDS Date Ode 16c. DDS Date Code 16b. DDS Date Ode 16c. DDS Date Date Ode 16c. DDS Date Date Ode 16c. DDS Date Date Date Date Date Date Date Date	2c. 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Telephone (include area code)   3	2c. State 2d. Zip Code 3c. Telephone (include area code) 4b. State agee Status 6. Period Ending Date 7. Ten-Digit Mortgagee No. Assigned by HUD 8. Mortgage Loan Number (may not exceed 20 characters including hyphens) 9. FHA Case No. (Sasigned by HUD 12b. Initials 12a. Co-Mortgagor's Last Name 12b. Initials 13a. Property Street No. 13b. Street agagor's Soc. Sec. No. 12c. Co-Mortgagor's Soc. Sec. No. 13c. City 12b. Date of Oldest Unpaid Installment 16a. DDS Code 16b. DDS Date 17. Occupancy Status Date 19. Unpaid Installment 16a. DDS Code 16b. DDS Date 17. Occupancy Status Date 19. Unpaid Installment 16a. DDS Code 16b. DDS Date 17. Occupancy Status Date 19. Unpaid Installment 16a. DDS Code 16b. DDS Date 17. Occupancy Status Date 19. Unpaid Installment 16a. DDS Code 16b. DDS Date 17. Occupancy Status Date 19. Unpaid Installment 16a. DDS Code 16b. DDS Date 17. Occupancy Status Date 19. Unpaid Installment 16a. DDS Code 16b. DDS Date 17. 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DDS Code 16b. DDS Date 16b. D	2c. State   2d. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip agee Status   6. Period Ending Date   7. Ten-Digit Mortgagee No. Assigned by HUD   8. Mortgage Loan Number (may not exceed 20 characters including hyphens)   9. FHA Case No. (9digits)   20 characters including hyphens   11b.Initials   12a. Co-Mortgagor's Last Name   12b.Initials   13a. Property Street No.   13b. Street Name   12c. Co-Mortgagor's Soc.Sec.No.   13c. City   15. Date of Oldest Unpaid Installment   16a.DDS   16b. DDS Date   17. Occupancy Status Date   19. Unpaid Example of Code   15. Date of Oldest Status Date   15. Date of Oldest Status Date   15. Date of Oldest Date   16a.DDS Date   17. Occupancy Status Date   18. Occupancy Status Date   19. Unpaid Example of Code   16b. DDS Date Date   17. Occupancy Status Date   18. Occupancy Status Date   19. Unpaid Example of Code   16b. DDS Date Date Date Date Date Date   17. Occupancy Status Date Date Date Date Date Date Date Date	2c. State   2d. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   3c. Telephone (include area code)   4b. State   4c. Zip Code   10. ADI

# 31 = Probate

32 = Military Indulgence

34 = Natural Disaster

AS = HUD FC Moratorium

# **Delinquency Workouts (AL):**

09 = Special Forbearance

10 = Partial Claim Started

12 = Repayment

15 = Preforeclosure Acceptance

Plan Available

26 = Refinance Started

28 = Modification Started 3B = Prequalified for 601

39 = FHA-HAMP Trial Modification Plan

44 = Deed-in-Lieu Started

## Ineligible for Loss Mitigation (AI):

AO = Ineligible for Loss Mitigation

### Account Reinstated (AR):

20 = Reinstated by Mortgagor w/o LM Claim

21 = Reinstated by Assumptor

98 = Reinstated after Loss Mitigation

Intervention

### Claim Termination of Insurance (CT):

17 = Pre-Foreclosure Sale Completed

46 = Property Conveyed to Insurer

47 = Deed-in-Lieu Completed & Property Conveyed

48 = Claim without Conveyance of Title

49 = Assignment Completed

### 41 = FHA-HAMP Mod. & Partial Claim Started Non-Claim Termination of Insurance (NC):

13 = Paid in Full

29 = Charge-off

30 = Third Party Sale

73 = Property Redeemed

including Habitual Nonpayment of Debts

008 = Abandonment of Property

009 = Distant Employment Transfer

010 = Neighborhood Problem

011 = Property Problem

012 = Inability to Sell Property

013 = Inability to Rent Property

014 = Military Service

015 = Other

016 = Unemployment

017 = Business Failure

019 = Casualty Loss

022 = Energy-Environment Cost

023 = Servicing Problems

026 = Payment Adjustment

027 = Payment Dispute

029 = Transfer of Ownership Pending

030 = Fraud

031 = Unable to Contact Borrower

INC = Incarceration

The Department of Housing and Urban Development (HUD) is authorized to collect this information by 12 USC 1709, 1715b, and 24 CFR 203.331. The information you provide will enable HUD to determine the potential risk to HUD's insurance fund. It will be used to evaluate mortgagee's servicing practices, monitor default and foreclosure rates, and for accounts 90 or more days delinquent, will be furnished to HUD's Credit Alert Interactive Voice Response System(CAIVRS). HUD may disclose certain 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 of HUD, except as required and permitted by law. You must provide all of the information requested in this report. Failure to provide any of the information can result in the assessment of civil money penalties and in the curtailment of interest on claims form insurance benefits. Public reporting burden for this collection of information is estimated to range from 1.5 hour to 3.5 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. 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.

ref Handbook 4330.1 form HUD-92068-A (11/2009) Previous editions are obsolete