APPENDIX VI-9
REQUEST FOR REIMBURSEMENT OF MORTGAGE INSURANCE CLAIM COSTS

Public reporting for this information collection is estimated to average 5 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 submit this form, unless it displays a valid OMB control number.

The information is required by Section 306(g) of the national Housing Act or by the Ginnie Mae Handbook, 5500.3, Rev. 1. The purpose is to provide a format to request reimbursement of mortgage insurance claim costs. The information will not be disclosed except as permitted by law.

Applicability: Ginnie Mae I MBS Program only.

ACCOMPANYING DOCUMENTATION REQUIRED

1.   Form HUD 2742 - Mortgage Insurance Claim Settlement Statement and Voucher with FHA transmittal letter, including any supplemental claims and accompanying transmittal letters.

NOTE: Claim must be filed within 60 days of FHA final claim payment or final supplemental claim payment, as established by date of the FHA transmittal letter.

2.   Detailed form HUD 11710-E - Liquidation Schedule. Summary reports are not acceptable. See Appendix VI-4. **Must be submitted <u>with this form</u>**.

3.   Wiring instructions, including issuer's Federal tax identification number, city and state of financial institution.

<div align="center">Heading of Form</div>

Enter pool number, project name, FHA project number, security issue date, and date of mortgage default.

COMPLETION INSTRUCTIONS: The numbers in the blanks on the illustrated form correspond with the numbers listed below.

1.   Date request is prepared.

2.   Enter Security Rate.

3.   Enter Mortgage Rate.

4.   Divide security interest rate by mortgage rate to get "**factor**" (use 9 decimal places only).

5.   <u>1% of Unpaid Principal Balance</u>. Enter from section 1, line H of form HUD 2742.

6.   <u>Interest Paid to Holders</u>. :Total Interest Due" from form HUD 11710-E. Enter result.

7.   **NOTE:** If Claim interest has been curtailed by FHA, follow instructions under "Curtailment" on page 2. If not, <u>Enter ZERO</u> on line 7 and proceed to number 8.

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8.   Subtract amount in line 7 from "Total Interest Due" in line 6. If line 7 was ZERO, bring down amount from line 6. Enter result. Bring down "Interest Rate Factor" from line 4.

9.   Multiply line 8 by Interest Rate Factor (line 4). Enter result. Continue with number 10.

10.   <u>Less Interest Reimbursed by HUD</u>. Go to first line of "Plus interest" section of form <u>HUD 2742</u>. <u>Enter "from" date here</u>.

11.   From first line of "Plus interest" section of form HUD 2742, enter "to" date here.

12.   From first line of "Plus interest" section of form HUD 2742, enter interest paid here.

13.   From second line of "Plus interest" section of form HUD 2742, enter "from" date here.

14.   From second line of "Plus interest" section of form HUD 2742, enter "to" date here.

15.   From second line of "Plus interest" section of form HUD 2742, enter interest paid here.

16.   Add lines 12 and 15 and enter result here.

17.   Subtract line 16 from line 9 and enter result here. **NOTE**: If result is negative, enter zero.

18.   Multiply line 17 by .85 and enter result here.

19.   Add lines 5 and 18. This is the total reimbursement amount due.

20.   Full legal name of issuer.

21.   Issuer's street address.

22.   Signature of authorized officer whose name appears on Resolution of Board of Directors and Certificate of Authorized Signatures, form HUD 11702.

23.   Title of authorized officer.

24.   Name of person who prepared request.

25.   Telephone number of preparer.

CURTAILMENT INSTRUCTIONS

<u>Less Curtailment</u>. If interest has been curtailed by FHA, calculate curtailment. Subtract interest for whole month(s) curtailed from "Total Interest Due" on form HUD 11710-E. If curtailment period includes part of a month, divide that month's interest by 30 and multiply result by number of days curtailed. Add a prior amount if applicable, enter results. **<u>If NO curtailment, enter ZERO</u>.** Proceed to step 8.

REQUEST FOR REIMBURSEMENT   GINNIE MAE POOL NUMBER_____
OF MORTGAGE INSURANCE
        CLAIM COSTS   NAME OF PROJECT _____
                                  FHA PROJECT NO._____
(Subject to the provisions of   DATE OF ISSUE OF SECURITIES _____
Section 1001, U.S. Code,   DATE OF MORTGAGE DEFAULT_____
Title 18, governing statement
made to the United States   DATE OF THIS REQUEST:_____(1)_____
Government)

The mortgage insurance claim, corresponding to our assignment of the mortgage secured by the above-described project, has been finally settled by HUD. Pursuant to Section 9.03 of the Guaranty Agreement for the above Ginnie Mae MBS pool, we hereby request reimbursement of the following mortgage insurance claim costs:

Enter Security Rate _____(2)_____   Enter Mortgage Rate ____(3)____   Interest Rate Factor _____
(4)_____

1% of Unpaid Principal Balance   _____
(5)_____

Interest Paid to Holders $____(6)_____

      LESS Curtailment   ____(7)_____

      TOTAL   ____(8)_____ x ____(4)____   =   _____(9)____

Less Interest Reimbursed by HUD:

      From _____(10)_____ to _____(11)_____ $_____(12)_____

      From _____(13)_____ to _____(14)_____ $_____(15)_____

Total Interest $_____(16)_____

Net Interest Cost $_____(17)_____

85% of Net Interest Cost to be Reimbursed $_____(18)_____

Total Reimbursement $_____(19)_____

It is understood that (1) if recoveries are realized on the FHA/HUD Certificate of Claim, we are to promptly remit to you any Ginnie Mae pro rata share in such recoveries, and (2) if the mortgage pool is terminated, no final payment is to be made to the security holders until they surrender to us all outstanding mortgage-backed certificates, which we are to promptly return to you for cancellation.

WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE AND BELIEF:

A.   All principal due the security holders has been timely passed through; all proper administrative actions have been taken; and compliance with all corresponding FHA and Ginnie Mae regulations has been effected.

B.   All Statements made hereinbefore and in the Liquidation Schedule herewith attached are true.

C.   We have not elected to receive mortgage insurance benefits for the above-described project in the form of FHA debentures.

For questions relative to this request,   ISSUER: _____(20)_____
please communicate with: ADDRESS: _____(21)_____

Name: _____(24)_____   BY: _____(22)_____
                                          (Signature)
Telephone:_____(25)_____   TITLE: _____(23)_____