

# Application for Mortgage Insurance

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

OMB Approval No. 2502-0141 (Exp. xx/xx/xxxx)

Public reporting burden for this collection of information is estimated to average 4 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.

This collection of information is necessary for HUD to analyze specific information including financial data, cost data, and drawings and specifications before determining whether a cooperative or condominium project mortgage should be insured. This information is necessary on the application for mortgage insurance and is required to obtain benefits. This information is considered non-sensitive; no assurance of confidentiality is provided.

Project Name:	Mortgage Amount:	Date:	Project Number:
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* Cooperative Housing - Condominium Housing			<input type="checkbox"/> SAMA	<input type="checkbox"/> Conditional
<input type="checkbox"/> Section 213	<input type="checkbox"/> Section 221	<input type="checkbox"/> Section 234	<input type="checkbox"/> Feasibility	<input type="checkbox"/> Firm

### A. Location and Description of Property

1. Street Nos.	2. Street	3. Municipality	4. Census Tract	5. County	6. State and Zip Code				
7. Type of Project			8. No. Stories		9. Foundation		9.a. Basement Floor		
<input type="checkbox"/> Row (T.H.) <input type="checkbox"/> Elevator <input type="checkbox"/> Walkup <input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached					Slab on    Full    Partial    Crawl <input type="checkbox"/> Grade <input type="checkbox"/> Bsmt. <input type="checkbox"/> Bsmt. <input type="checkbox"/> Space		Structural    Slab on <input type="checkbox"/> Slab <input type="checkbox"/> Grade		
10. <input type="checkbox"/> Proposed <input type="checkbox"/> Existing	11. Number of Units Revenue    Non-Rev.		12. No. of Bldgs.	13. List of Accessory Bldgs. and Area		13.a. List Recreation Facilities and Area			
<b>Site Information</b>				<b>Building Information</b>					
14. Dimensions:				16. Yr. Built	16.a.		17.a. Floor System		18. Heating-A/C System
ft. by    ft. or    sq. ft.					<input type="checkbox"/> Manufactured Housing <input type="checkbox"/> Modules		<input type="checkbox"/> Conventionally Built <input type="checkbox"/> Components		
15. Zoning: (If recently changed, submit evidence)				16.b. Exterior Finish		17. Structural System			

### B. Information Concerning Land or Property

19. Date Acquired	20. Purchase Price \$	21. Additional Costs Paid or Accrued \$	22. If Leasehold Ground Rent \$	23. Total Cost \$	24. Relationship-Business, Personal or Other Between Seller and Sponsor
25. Utilities—			26. Unusual Site Features —		
Water    Public    Community <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewers <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Cuts <input type="checkbox"/> Fills <input type="checkbox"/> Rock Formations <input type="checkbox"/> Poor Drainage <input type="checkbox"/> High Water Table <input type="checkbox"/> Erosion <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Retaining Walls <input type="checkbox"/> None		

### C. Unit Composition and Charges

27. No. Units	Unit Type	No. Rms.	Liv. Area (Sq. Ft.)	Composition of Unit	Contemplated** Down Payment	Unit Charge** Per Month	Total Monthly Charge**	Total Annual
					\$	\$	\$	
28. <b>Total Estimated Charges for All Family Units**</b>							\$	\$
29. No. Parking Spaces:								
Attended		Open Spaces	@ \$			per month		
Self Park		Covered Spaces	@ \$			per month		
30. Commercial								
Area-Ground Level		Sq. Ft.	@ \$			per sq. ft./mo.		
Other Levels		Sq. Ft.	@ \$			per sq. ft./mo.		
31. <b>Total Estimated Accessory Income at 100% Occupancy</b>							\$	\$

\*Cooperative only. \*\* Condominium only  
Previous editions are obsolete.

32. Gross Floor Area- Sq. Ft.	33. Net Rentable Residential Area- Sq. Ft.	34. Net Rentable Commercial Area- Sq. Ft.
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35. Non-Revenue Producing Space			
Type of Employee	No. Rms.	Composition of Unit	Location of Unit in Project

**D. Equipment and Services Included in Charges: (Check Appropriate Items)**

<b>36. Equipment:</b> <input type="checkbox"/> Ranges-Original (Gas or Electric) <input type="checkbox"/> Disposal <input type="checkbox"/> Ranges-Replace. (Gas or Electric) <input type="checkbox"/> Dishwasher <input type="checkbox"/> Refrig.-Original (Gas or Electric) <input type="checkbox"/> Carpet <input type="checkbox"/> Refrig.-Original (Gas or Electric) <input type="checkbox"/> Drapes <input type="checkbox"/> Air Conditioning (Equip. Only) <input type="checkbox"/> Kitchen Exhaust Fan <input type="checkbox"/> Laundry Facilities <input type="checkbox"/> Other _____	<b>37. Services:</b> Gas: <input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Cooking <input type="checkbox"/> Air Conditioning Elec: <input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Cooking <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Lights, etc., in Unit Other Fuel: <input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Water <input type="checkbox"/> Grounds Maint. <input type="checkbox"/> Other _____	<b>38. Special Assessments:</b> a. <input type="checkbox"/> Prepayable <input type="checkbox"/> Non-Prepayable b. Principal Balance \$ _____ c. Annual Payment \$ _____ d. Remaining Term _____ Years
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**E. Estimate of Annual Common Expense**

<b>Administrative</b>	
* 1. Apartment Resale Expense \$ _____	
2. Management	\$ _____
3. Other	_____
4. <b>Total Administrative</b>	\$ _____
<b>Operating</b>	
5. Elevator Main. Exp.	\$ _____
6. Fuel (Heating and Domestic Hot Water)	_____
7. Lighting & Misc. Power	_____
8. Water	_____
9. Gas	_____
10. Garb. & Trash Removal	_____
11. Payroll	_____
12. Other	_____
13. <b>Total Operating</b>	\$ _____
<b>Maintenance</b>	
14. Decorating	\$ _____
15. Repairs	_____
16. Exterminating	_____
17. Insurance	_____
18. Ground Expense	_____
19. Other	_____
20. <b>Total Maintenance</b>	\$ _____
21. Replacement Reserve (0.0060 or 0.0040 x) Total structures from Line 50	\$ _____
22. Total Common Expense (Except Taxes)	\$ _____
<b>Taxes</b>	
23. Real Estate Est. Assessed	
* Val. \$ _____ at	
\$ _____ per \$1000-	\$ _____
24. Personal Prop. Est. Assessed	
* Val. \$ _____ at	
\$ _____ per \$1000-	\$ _____
25. Empl. Payroll Tax	_____
26. Other	_____
27. Other	_____
28. <b>Total Taxes</b>	\$ _____
29. <b>Total Common Expense</b>	\$ _____

**F. Annual Fixed Charges**

30. Interest Plus Curtail ____% \$ _____	
* (Call Insuring Office for Rate)	
31. Mortgage Insurance (0.5%)	\$ _____
(Omit in 221 BMIR and 236 Cases)	
* 32. Operating Revenue (3.0%) Vac. Res. (2%)	\$ _____
* 33. Total Annual Fixed Charges	\$ _____
(Include Annual Ground Rent, if any)	
34. Total Gross Ann. Exp. and Fixed Chgs	\$ _____

**G. Net Common Expense & Fixed Charges**

35. Tot. Gross Ann. Exp. & Fixed Chgs	\$ _____
36. Estimate of Accessory Rental Income	\$ _____
37. Less Vacancy (____%)	\$ _____
38. Effective Accessory Rental Income	\$ _____
39. Total Ann. Net Common Expense & Fixed Charge (after deducting common income)	\$ _____
40. Fixed Monthly Net Common Expense & Fixed Charge	\$ _____
41. Total Monthly Net Common Expense & Fixed Charger per SF	\$ _____
42. Total Monthly Net Common Expense & Fixed Charger Per Room (_____ Rooms)	\$ _____

**H. Estimated Replacement Cost**

43. Unusual Land Improvements \$ \_\_\_\_\_  
 44. Other Land Improvements \$ \_\_\_\_\_  
 45. Total Land Improvements \$ \_\_\_\_\_

**Structures**

46. Main Buildings \$ \_\_\_\_\_  
 47. Accessory Buildings \_\_\_\_\_  
 48. Garages \_\_\_\_\_  
 49. All other buildings \_\_\_\_\_  
 50. **Total Structures** \$ \_\_\_\_\_  
 51. General Requirements \$ \_\_\_\_\_

**Fees**

52. Builder's Gen. Oh. ( %) \$ \_\_\_\_\_  
 53. Builder's Profit ( %) \_\_\_\_\_  
 54. Arch. Fee-Design ( %) \_\_\_\_\_  
 55. Arch. Fee-Supvr. ( %) \_\_\_\_\_  
 56. Bond Premium \_\_\_\_\_  
 57. Other Fees \_\_\_\_\_  
 58. **Total Fees** \$ \_\_\_\_\_  
 59. Tot. for all Imprmts. (Lines 45,50,51+58) \$ \_\_\_\_\_  
 60. Cost Per Gross Sq. Ft. \$ \_\_\_\_\_  
 61. Estimated Construction Time \_\_\_\_\_ Months

**Carrying Charges & Financing**

62. Int. \_\_\_\_\_ Mos. at %  
 on \$ \_\_\_\_\_ \$ \_\_\_\_\_

63. Taxes \_\_\_\_\_  
 64. Insurance \_\_\_\_\_  
 65. FHA Mtg. Ins. Fee (0.5%) \_\_\_\_\_  
 66. FHA Exam. Fee (0.3%) \_\_\_\_\_  
 67. FHA Inspec. Fee (0.5%) \_\_\_\_\_  
 68. Financing Fee ( % ) \_\_\_\_\_  
 69. Other Fees ( % ) \_\_\_\_\_  
 70. FNMA or FNMA Fee ( % ) \_\_\_\_\_  
 71. Title & Recording \_\_\_\_\_  
 72. **Total Carrying Chgs. & Financing** \$ \_\_\_\_\_

**Legal Organization & Marketing**

73. Legal \$ \_\_\_\_\_  
 74. Organization \_\_\_\_\_  
 75. Marketing \_\_\_\_\_  
 76. **Total Legal, Organ. & Mktg.** \$ \_\_\_\_\_  
 77. Other \$ \_\_\_\_\_

78. **Total Est. Development Cost**  
 (Lines 59, 72, 76, 77) \$ \_\_\_\_\_

79. **Land** (Est. Market Price of Site)  
 \_\_\_\_\_ sq. ft. at \$ \_\_\_\_\_ per sq. ft. \$ \_\_\_\_\_

80. **Total Estimated Replacement Cost of Project** (Add 78 & 79) \$ \_\_\_\_\_  
 \_\_\_\_\_ sq. ft. at \$ \_\_\_\_\_ per sq. ft. \$ \_\_\_\_\_

**I. Estimated Expenses Not Included in Carrying Charges or Common Expense**

	Type No. 1	Type No. 2	Type No. 3	Type No. 4	Type No. 5
**Real Estate Taxes, Individual Per Month	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
**Insurance, if Paid Individually Per Month	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**Estimated Personal Benefit Expenses To Be Paid Individually By Residents**

	Type No. 1	Type No. 2	Type No. 3	Type No. 4	Type No. 5
Heating					
Electricity					
Water					
Gas					
Decorating					
Repairs					
Other					
<b>Total Annual Personal Benefit Expense</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Monthly Personal Benefits Expense**</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**J. Total Requirements For Settlement**

1. Development Cost	\$ _____
2. Land Indebtedness (or Cash required for land acquisition)	\$ _____
3. Subtotal (Line 1 + Line 2)	\$ _____
4. Mortgage Amount	\$ _____
5. Fees paid by other than cash	\$ _____
6. Line 4 + Line 5	\$ _____
7. Cash Invest. Required (Line 3 - Line 6)	\$ _____
8. Initial Operating Deficit	\$ _____
9. Anticipated Discount	\$ _____
10. Working Capital	\$ _____
11. <b>Add</b> Off-site construction costs	\$ _____
12. <b>Total Estimated Cash Requirement</b> (Lines 7 + 8 + 9 + 10 + 11)	\$ _____

**K. Estimated Annual Operating Statement**

1. Dwelling Change (From Schedule C)	\$ _____
2. Garage Rent	_____
3. Commercial Income	_____
4. Other ( <i>Specify</i> )	_____
5. Estimated Gross Income Assuming 100% Occupancy	\$ _____
6. Less Vacancies Assumed- (       %) on garages       \$ _____ (       %) on other Non-dwelling Income _____	
7. Total Vacancy Deduction	\$ _____
8. Total Estimated Gross Income After Vacancy Deduction	\$ _____
9. Annual Expense & Fixed Charges Total Expense per annum       \$ _____ Total fixed charges per annum \$ _____	
10. Total Annual Expense and Fixed Charges	_____
11. Excess of Income Over All Charges	\$ _____

**L. Attachments:** (Required Exhibits)

1. Location Map	8. Sketch Plan of Site
2. Evidence of Site Control (option or purchase) and Legal Description of Property	9. Personal Financial & Credit Statement of Sponsors
3. Form HUD-92010 Equal Employment Opportunity Certification	10. Form HUD-2530 Previous Participation Certification
4. Form HUD-3433 Eligibility as Non-Profit Corporation	11. Survey
5. Photographs of Improvements on Site & Adjacent Site	12. Evidence of Architect E&O Insurance Coverage
6. Architectural Exhibits - Preliminary	13. Copy of Owners and Architects Agreement
7. Architectural Exhibits - Final	14. Form FHA-2328 Contractor's and/or Mortgagor's Cost Breakdown
	15. Form HUD-935.2 Affirmative Fair Housing Marketing Plan

**M. Names, Addresses and Telephone Numbers of the Following:** (*Indicate Cash Investment from each Sponsor*)

1. Sponsor(s)  
\_\_\_\_\_
2. General Contractor  
\_\_\_\_\_
3. Architect  
\_\_\_\_\_
4. Sponsor's Attorney  
\_\_\_\_\_

**For HUD Use Only**

Date Rec.								
Amount								
Code								
Schedule								
Rec. By								

**Sponsor Certification**

To: Federal Housing Commissioner:

SAMA       Feasibility       Conditional       Firm

I request a loan in the principal amount of \$ \_\_\_\_\_ to be insured under the provision of Section \_\_\_\_\_ of the National Housing Act, said loan to be secured by a first mortgage on the property hereinafter described.

As the principal sponsor of the proposed mortgagor, I certify that I am familiar with the provisions of the Regulations of the Federal Housing Commissioner under the above identified Section of the National Housing Act and that to the best of my knowledge and belief the mortgagor has complied, or will be able to comply with all of the requirements thereof which are prerequisite to insurance of the mortgage under such Section.

I further certify that to the best of my knowledge and belief no information or data contained herein or in the exhibits or attachments listed herein are in any way false or incorrect and that they are truly descriptive of the project or property which is intended as the security for the proposed mortgage and that the proposed construction will not violate zoning ordinances or restrictions of record.

I agree with the Department of Housing and Urban Development, Federal Housing Administration, that pursuant to the requirements of Title VII of the Civil Rights Act of 1968, Title VI of the Civil Rights Act of 1964, Executive Order 11063, and Departmental regulations, (a) neither he nor anyone authorized to act for him will decline to sell, rent or otherwise make available any of the property or housing in the multifamily project to a prospective purchaser or tenant because of race, color, religion, or national origin, (b) I will comply with federal, state and local laws and ordinances prohibiting discrimination, (c) I will affirmatively market this project to attract buyers or tenants of all minority and majority groups, and (d) my failure or refusal to comply with the requirements of either (a), (b) or (c) shall be a proper basis for the Commissioner-Secretary to reject requests for future business with which the sponsor is identified or to take any other corrective action deemed as necessary.

The type of firm commitment eventually to be requested, is checked below, I have read and understand the applicable form of Commitment for insurance and the FHA forms referred to therein.

\* I intend to form or cause to be formed a nonprofit cooperative housing corporation or negotiate with an independently formed cooperative corporation in order to bring about the construction or the purchase of a cooperative housing project with the assistance of an FHA insured mortgage loan.

\*\* I intend to form or cause to be formed a condominium, and to convert the project to such condominium, all in accordance with the pertinent FHA Regulations. (Of the last two statements, strike out whichever is not applicable.)

Sponsor's Signature and Date

X

**Request for Conditional Commitment**

To: Federal Housing Commissioner:

Pursuant to the provisions of the Section of the National Housing Act identified in the foregoing application and HUD Regulations applicable thereto, request is hereby made for the issuance of a conditional commitment to insure a mortgage covering the property described above.

After examination of the application and the proposed security, the undersigned considers the project to be desirable and is interested, subject to the issuance of a firm commitment by HUD, in making a loan in the principal amount of \$ \_\_\_\_\_ which will bear interest of \_\_\_\_\_ %, will require repayment of principal over a period of \_\_\_\_\_ months according to an amortization plan to be agreed upon.

The type of firm commitment eventually to be requested, is checked below.

It is understood that the financing expense in the amount of \$ \_\_\_\_\_ is subject to adjustment so that the total will not exceed \_\_\_\_\_ % of the amount of your commitment.

Herewith is check for \$ \_\_\_\_\_, which is in payment of the application fee required by HUD Regulations.

\*\* The undersigned certifies that the law of the jurisdiction will permit the project to be converted to a plan of apartment ownership consistent with the requirements of the HUD Regulations.

Proposed Mortgagee's Signature and Date

Proposed Mortgagee's Address:

X

**Request for Conditional Commitment**  
To: Federal Housing Commissioner

Pursuant to the provisions of the Section of the National Housing Act identified in the foregoing application and FHA Regulations applicable thereto, request is hereby made for the issuance of a form commitment to insure a mortgage covering the property described above.

After examination of the application and the proposed security, the undersigned considers the project to be desirable and is interested in making a loan in the principal amount of \$ \_\_\_\_\_, which bear interest of \_\_\_\_\_ %, will require payment of principal over a period of \_\_\_\_\_ months according to amortization to be agreed upon.

It is understood that the financing expense in the amount of \$ \_\_\_\_\_ is subject to adjustment so that the total will not exceed \_\_\_\_\_ % of the amount of your commitment.

Herewith is check for \$ \_\_\_\_\_, which is in payment of the application and/or commitment fee required by said FHA Regulations.

Proposed Mortgagee's Signature and Date

Proposed Mortgagee's Address

X

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **HUD will prosecute** false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature and Date

X

**Privacy Act Statement:** The Department of Housing and Urban Development is authorized to collect this information by the National Housing Act, Section 235(b), P.L. 479, 48 Stat. 12 U.S.C. 1701 et seq. HUD is authorized to collect the Social Security Number (SSN) by Section 165(a) of the Housing and Community Development Act of 1987, P.L. 100-242, and by Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, P.L. 100-628. The information is being collected to determine the amount of assistance (if any) the applicant is entitled. The information is also used as a tool for managing the program(s) related to this form, and for protecting the Government's financial interests. **The information may be used to conduct computer-matching programs to check for underreported or unreported income.** The SSN is used as a unique identifier. The information may be released to appropriate Federal, State, and local agencies, and when relevant, to civil, criminal, or regulatory investigators and/or prosecutors. This information will not be otherwise disclosed or released outside of HUD except as permitted or required by law. It is mandatory that you provide all of the requested information, including all SSN(s), for you and all other household members age six years and older. Failure to provide SSN(s) and required documents will result in a delay or loss of assistance payments.