

Schedule of Pooled Mortgages

**U.S. Department of Housing
and Urban Development**
Government National Mortgage Association

OMB Approval No. 2503-0033 (Exp. 9/30/2010)

Interest Rate of Mortgages Highest _____% Lowest _____% Weighted Average Interest Rate _____%
 Term of Mortgages _____ years
 Name of Issuer _____

Ginnie Mae Pool/Loan Package Number _____
 Security Issue Date _____

Public reporting burden for this collection of information is estimated to average less than a minute 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. The information requested is required by Sec. 306(g) of the National Housing Act or by Ginnie Mae Handbook 5500.3, Rev. 1.

Initial Certification
 Final Certification
 Recertification

Single Family Level Payment Loans (SF/FS) Growing Equity Loans (GA/GD) Manufactured Home Loans (MH) Ginnie Mae I
 Graduated Payment Loans (GP/GT) Adjustable Rate Loans (ARM) Buydown Loans (BD) Ginnie Mae II
 Project Loans (PL/PN/LM/RX/LS) Construction Loans (CL/CS) Serial Note (SN) Other

Security/Mortgage Change Date _____ Issuer ID Number _____

| Issuer's Loan Number and MIN | MOM | Name of Mortgagor | Address of Property/Site Address (Street, City, State and Zip Code) | FHA-VA-RD-§184 Case Number | Interest Rate | Mortgage Margin (ARM) | Date of First Payment | Interest Rate Change Date | Maturity Date <input type="checkbox"/> | Monthly Payment (P&I) \$ <input type="checkbox"/> | Original Principal Balance \$ | Unpaid Balance of Mortgage \$ <input type="checkbox"/> | Type of Loan |
|---|-----|-------------------|---|----------------------------|---------------|-----------------------|-----------------------|---------------------------|--|---|-------------------------------|--|--------------|
| Continue Loan Level reporting on page 2 | | | | | | | | | | | | | |

| Distribution of All Loans in Pool | | | | Total Amount P & I | For Adjustable Rate Pools/Loan Packages Only: Index Type: Acceptable Range: Type of ARM Note: Cap Structure Initial (+/-) Interest Rate Cap: Subsequent Annual (+/-) Interest Rate Cap: Lifetime (+/-) Interest Rate Cap: |
|-----------------------------------|--------|--------|--|--------------------|---|
| | Number | Amount | | | |
| FHA | | | | | |
| VA | | | | \$ _____ | |
| RD | | | | | |
| §184 | | | | | |
| Other | | | | | |
| Total | | | | | |

| Name of Mortgagor | Credit Score | Social Security Number | Co-borrower #1 Full Name | Co-borrower #2 Full Name | Co-borrower #3 Full Name | Loan Type Code | Loan Purpose | Living Units | Down Payment Assistance | Loan Status Code | Upfront MIP | Annual MIP |
|-------------------|--------------|------------------------|--------------------------|--------------------------|--------------------------|----------------|--------------|--------------|-------------------------|------------------|-------------|------------|
| | | | | | | | | | | | | |

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|-------------------------------------|-------------------------------------|
| Schedule of Pooled Mortgages | Ginnie Mae Pool/Loan Package Number |
|-------------------------------------|-------------------------------------|

Instructions for Custodian

The custodian will review each mortgage or loan file in accordance with the applicable sections of the Ginnie Mae MBS Guide, Rev. 1 to determine that all required documents have been properly executed and received and that such documents relate to the mortgages identified on the front of this form. **Purpose: To provide a means of identifying and controlling the mortgages that collateralize the designated MBS pools or loan packages. Also provides a certification from the document custodian that certain required mortgage documents are being held by the document custodian on behalf of Ginnie Mae.**

Upon completion of each examination, an authorized official of the custodian will sign the original and the required copies of this form in the space provided and forward the original to Ginnie Mae's pool processing agent (either directly or through the issuer) and provide a signed copy to the issuer. Pursuant to the following, certification may be completed in two stages, "initial" and "final", except for PL, PN, LM, LS, CL, and CS pools, which are only final certified.

| | |
|---|---|
| <p>Custodian's Certification (Initial Certification) <input type="checkbox"/></p> <p>The documents referenced in the applicable sections indicated below, pertaining to the mortgages listed on the front of this form, have been received and have been determined to satisfy the requirements of the Ginnie Mae MBS Guide, Rev. 1.</p> <p>For SF, FS, AR, AQ, AT, AF, FT, AS, AX, BD, GP, GT, GA, GD, and SN pools and loan packages: Section 13-4(A) of the Ginnie Mae MBS Guide, Rev. 1.</p> <p>For MH Pools: Sections 13-4(A) and 30-4(A)(1) of the Ginnie Mae MBS Guide, Rev. 1.</p> | <p>Custodian's Certification (Final Certification) <input type="checkbox"/></p> <p>The documents referenced in the applicable sections indicated below, pertaining to the mortgages listed on the front of this form, have been received and have been determined to satisfy the requirements of the Ginnie Mae MBS Guide, Rev. 1.</p> <p>For SF, FS, AR, AQ, AT, AF, FT, AS, AX, BD, GP, GT, GA, GD, and SN pools and loan packages: Section 13-4(B) of the Ginnie Mae MBS Guide, Rev. 1.</p> <p>For MH Pools: Sections 13-4(B) and 30-4(A)(2) of the Ginnie Mae MBS Guide, Rev. 1.</p> <p>For PL, PN, LM, and LS pools: Sections 13-4(B) and 31-10 of the Ginnie Mae MBS Guide, Rev. 1 (final certification).</p> <p>For CL and CS pools: Sections 13-4(B) and 32-8 of the Ginnie Mae MBS Guide, Rev. 1 (final certification).</p> |
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| Custodian Name and Address (including Zip Code)(Please Type) | Custodian No. | Custodian Name and Address (including Zip Code)(Please Type) | Custodian No. |
| Authorized Signature | | Authorized Signature | |
| Name (Please Type) | | Name (Please Type) | |
| Title (Please Type) | Date of Initial Certification | Title (Please Type) | Date of Final Certification |

Recertification Using an Updated List of Loans for the Referenced Pool

| | | | |
|--------------------------------|---------------|---------------------------------|---------------|
| Prior Issuer: (Name of Seller) | Issuer ID No. | Current Issuer: (Name of Buyer) | Issuer ID No. |
|--------------------------------|---------------|---------------------------------|---------------|

The attached list of pooled loans represents the pool or loan package principal and the total number of mortgages reported on form HUD-11710-A, Section 1, line D, "Balances this monthend" for the reporting month of _____ . The issuer certifies that the remaining loan balances conform to the "Balances this monthend" of the pool or loan package principal reported in Section 1, line D of form HUD-11710-A and has been reconciled with the "Principal of securities this monthend" reported as due the security holders for the pool in Section 3, line D of form HUD-11710-A.

The Document Custodian certifies to the following: (1) It has received the related documents for the loans listed on the attached. (2) It has verified that the loans on the attached were included on the original Schedule of Pooled Mortgages, if available. If not available, the Document Custodian must obtain from the Issuer a written explanation why the original Schedule is missing. The Document Custodian must maintain a copy of the original Schedule or the written explanation for the missing Schedule in the Pool Master File with the recertification. (3) It has placed in the Pool's Master File a copy of the Issuer's Monthly Accounting Report, form HUD-11710-A for the reporting month stated above.

The Document Custodian will not be required to maintain or reconcile the form HUD-11708 for loans liquidated prior to and not reported as active loans on the form HUD-11710-A stated above.

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| Authorized Signature of current Issuer | Custodian Name and Address (including Zip Code) (Please Type) | Custodian No. | Authorized Signature of Current Custodian |
| Name (Please Type) | | | Name of Custodian (Please Type) |
| Title (Please Type) | | | Title of Custodian (Please Type) |
| | Date | | Date |