

**Mark-to-Market  
Certification of Closing Attorney**

**Form 7.11**

*(PRINT ON ATTORNEY LETTERHEAD WITHOUT M2M BLACK HEADING)  
(EXECUTE FORM 7.8 IN ADDITION IF 223(A)(7)TAKEOUT)*

**CERTIFICATION OF CLOSING ATTORNEY  
RE: LEGAL REQUIREMENTS FOR REQUESTING PARTIAL PAYMENT OF CLAIM**

Re: FHA Project No. \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Location: \_\_\_\_\_

TO: \_\_\_\_\_  
OAHP Preservation Office Director  
\_\_\_\_\_ Region

I am the attorney for \_\_\_\_\_, Participating Administrative Entity. I hereby certify that all of the legal requirements for closing set out in the OAHP Restructuring Commitment and Operating Procedures Guide have been met. All closing documents in this transaction that require recordation have been duly filed of record in the proper order and all required funds are in place, except those from the M2M claim payment. I am in receipt of a policy(ies) of title insurance effective as of this date, which names the Secretary of HUD as the insured party, and that insures that the OAHP Mortgage Restructuring Note Mortgage and Contingent Repayment Note Mortgage constitute valid \_\_\_\_\_ lien(s). Your authorization for Partial Payment of Claim is now in order. I acknowledge that the making of a false statement of fact in this certification may lead to criminal prosecution or civil liability as provided pursuant to applicable law, which may include 18 U.S.C. 1001, 1010, 1012; 13 U.S.C. 3729, 3802.

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney for \_\_\_\_\_  
Participating Administrative Entity