

**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