ASSET INFORMATION:

OMB No. 2502-0533

ASSET NAME						(-/	p, xx/xx/xx
FHA NUMBER				<u>—</u>			
(eq, REDA Time Extension, Scope of V	Work Modification, F	Excess Funds Guidan	ce. Other Special Circ	umstance or Inquiry)			
The below must be completed for all re			•				
M2M Closing Date:	-			Original Escrow Balar	nce:		
REDA Expiration Date (1-Yr. Anniversary of Closing Date	ate):			Current Escrow Balar Interest Earned to D	ice:	(Excluding in	nterest)
If Applicable: Proposed New Expiration Date:			Cı	urrent Escrow Balance Incl. Interest Earr		0.00 (Auto-calcu	lation)
Proposed New Expiration Bate.				Funds Disbursed to D Final Disbursement D		0.00 (Auto-calcu	lation)
				Rehab Yet To Be Completed (\$Amou Surplus (Including Intere	nt):	(Auto-calcu	lation)
Justification/Reasons for the Request (S	Should include: rease	one for the delay: wha	at work has been comm		-		
L signers of the original REDA must hough not a party to the REDA, HUD O				edures.	the REA. Attac	th the form 9.11, o	only for comments.
	Print Name of	Authorized Official		=	Print Name of	Authorized Official	
	Print Name of	Authorized Official			Print Name of	Authorized Official	
	Signature		Date	_	Signature		Date
	_	Disagrees	Add'l Info Neede	ed MF HUD Project Mana	ger Agrees	Disagrees	Add'l Info Nee
Rehab Escrow Administ	tratorAgrees	Disagrees	Add 1 iiilo Needd	(IfApplical			
Rehab Escrow Adminis		Authorized Official	Add11110 Needs		ble)	Authorized Official	
Rehab Escrow Adminis	Print Name of	- -			Print Name of	f Authorized Official	Date
his Form 9.10 is submitted to close	Print Name of Signature	Authorized Official the REA must comp	Date	(IfApplical	Print Name of Signature		Date
this Form 9.10 is submitted to close, the undersigned, as REA, hereby certify upplied to the Mortgage Restructuring in the amount of \${Enter Excess Ball updated to reflect the final status of the warme of Authorized Official – Rehab Escre	Print Name of Signature e out the escrow, that all work require source or Continge lance). The enclose work and account; as ow Administrator	Authorized Official the REA must completed under the REDA and the Research	Date olete the following s d Exhibit A has been s tructuring Note on (ounting ledger detailin	(IfApplical - - section: atisfactorily completed and inspected, [Enter Date Here) or as approved by g the escrow account's activity. In add	Print Name of Signature and that any excesthe REAT Manage	ss funds have been er on <u>{ Enter Date I</u>	
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Public reporting burden for this collection of information is estimated to average 1 hour 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 information is required to obtain benefits. The office of Multifamily Housing, Office of Affordable Housing Preservation 451 7th Street SW, Room 6216 6230 Washington, DC 20410. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Title V of the Departments of Veterans Affairs and Housing and Urban Development and Independent Agencies Appropriations Act of 1988 (P.L.106 65, 111 Stat. 1384) authorizes the FHA Multifamily Housing Mortgage and Housing Assistance Restructuring Program. HUD implemented a statutory permanent program directed at FHA-insured multifamily projects that have projectbased Section 8contracts with above- market rents. The information collection is used to determine criteria eligibility of FHA-insured multifamily properties for participation in the Mark to Market program and the terms on which participation should occur. The purpose of the program is to preserve low-income rental housing affordability while reducing the long-term costs of Federal rental assistance. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information request.