Application for Insurance BenefitsMultifamily Mortgage

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

OMB No. 2502-0419 (exp. 7/31/2010)

Public reporting burden for this collection of information is estimated to average 5 minutes 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. The agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

This form collects data required for cancellation of multifamily mortgage insurance contracts and payments of mortgage insurance premiums. The information collection is needed when the mortgage goes into default and the lender files a claim for insurance benefits. The Department ascertains that the claim is a legitimate claim for mortgage insurance premiums. This information is required under 24 CFR Part 207. Providing this information is required to obtain benefits.

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Multifamily 7`Uja	cZ <ci \<br="" `ubx`i="" fvub`8="" g]b[="" y`cda="" yj="">g`6fUbW'ž<k 5="" :="" f7<br="">K '∑Washington, DC 20410-8000</k></ci>	/bh	
To assign a mortgage: Submit within To convey Title: Submit on the	n 30 days after the date of the notice the date the instrument of conveyance		
Project No.	Name and Location of Project		Date
5 11		nt HUD regulations. It is understood that receipt gagee's obligation to pay mortgage insurance pres	· · · · · · · · · · · · · · · · · · ·
Name & Address of Mortgagee (include zip code)		Name & Address of Servicer (include zip code)	
Signature & Title of Mortgagee Official (not needed if signed by servicer)		Signature & Title of Servicer Official (not needed if signed by mortgagee)	
Previous edition is obsolete Send Original and 1 copy to MFCB at	the address above. Mortgagee/Se	rvicer should retain 1 copy.	form HUD-2747 (12/2009) ref. Handbook 4110.2