

**Summary of Cost
Certification Review
Cost Section**

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

OMB Approval No. 2502-0029
(exp. 10/31/2012)

Public Reporting Burden for this collection of information is estimated to average 5 hours 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 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 information is being collected under Public Law 101-625 which requires the Department of to implement a system for mortgage insurance for mortgages insured under Sections 207,221,223,232, or 241 of the National Housing Act. The information will be used by HUD to approve rents, property appraisals, and mortgage amounts, and to execute a firm commitment. Confidentiality to respondents is ensured if it would result in competitive harm in accord with the Freedom of Information Act (FOIA) provisions or if it could impact on the ability of the Department's mission to provide housing units under the various Sections of the Housing legislation.

| | | |
|----------------|------|---|
| To | From | Date (mm/dd/yyyy) |
| Project Number | Name | Subject Cost Certification Review |
| Location | | |

Non Identity of Interest
 Identity of Interest
 Non Profit

A comparative analysis of certified cost with estimated cost has been completed for this project. The findings and recommendations are summarized as follows:

A. Recommended Disallowed

| Description of Item (only list items included in form HUD-92330-A) | \$ Amount |
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| 29 | |
| 30 | |
| 31 | |
| 32 <input type="checkbox"/> Additional items and amounts are tabulated on reverse side | |
| 33 Total Disallowed Amount | \$ |

B. Summary

| Item | (A) Estimated Amount | (B) Certified Amount | (C) Disallowed Amount | (D) Allowed Amount |
|---------------------|----------------------|----------------------|-----------------------|--------------------|
| Contractual Cost | | | | |
| Contractor's Profit | | | | |
| Off-Site | | | | |

Remarks

Additional Recommended Disallowed Items and Amounts

| Description of Item (only list items included in form HUD-92330-A) | \$ Amount |
|--|-----------|
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Total This Side (transfer to line 32 front side) \$

Processing Analyst Date (mm/dd/yyyy)

Chief, Cost Branch or Cost Analyst Date (mm/dd/yyyy)

Chief Underwriter Date (mm/dd/yyyy)