

Continuation of Application

39. Amount of monthly payment to: a. FHA Insurance	b. Taxes	c. Hazard Insurance	d. Interest & Principal
40. If Bankruptcy filed, enter date filed	41. If conveyed/assigned damaged, date damage occurred	42. Date HIP cancelled or refused, if applicable	43. Number of living units

44. Status of Living Units

Unit #1. a. <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable
Unit #2. a. <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable
Unit #3. a. <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable
Unit #4. a. <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable

45. Modified Interest Rate	46. New Maturity Date	47. Interest Rate (prior to modification)	
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Mortgagee's comments, if any.

HUD's comments, if any.

Public Reporting Burden for this collection of information is estimated to average 1.33 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 information is required to obtain mortgage insurance benefits. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Sensitive Information. Some information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.

Single-Family Application for Insurance Benefits

Part B Fiscal Data

100. Mortgagor's Name and Property Address	101. FHA Case Number	102. Section of Act Code
	103. Mortgagee's reference number (max. 15 digits)	104. Date form prepared
	105. Exp. date to Submit Title Evidence, or fiscal data for Part B	106. Check if supplemental <input type="checkbox"/>

Line Number	Description	Column A Deductions	Column B Additions	Column C Interest
107.	Adjustment to Loan Balance (if different from Item 17, Part A)			
108.	Sale/Bid or Appraisal Value (for Coinsurance or Nonconveyance)			
109.	Escrow Balance (as of date in Item 10, Part A)			
110.	Total Disbursements for Protection and Preservation (from line 264, Part C)			
111.	Total Disbursements (from line 305, Part D)			
112.	Attorney/Trustee Fees Paid (from line 306, Part D)			
113.	Foreclosure, Acquisition, Conveyance, and Other Costs (from line 307, Part D)			
114.	Bankruptcy Fee (if applicable) (from line 310, Part D)			
115.	Rental Income			
116.	Rental Expense			
117.	Total Taxes on Deed (from line 308, Part D)			
118.	Recovery or Damage (if not reported on Part A) (Use line 119 if reported on Part A)			
119.	Estimate or Recovery From Part A \$ _____ Less Total Insurance Recovery _____ Adjusted Amount (plus or minus) \$ _____			
120.	Special Assessments (Do Not Use for Coinsurance)(from line 309, Part D)			
121.	Mortgage Note Interest (assignments, coinsurance, and special forbearance agreements only) From _____ To _____ Rate _____ %			
122.	Mortgage Insurance Premiums (from line 311, Part D)			
123.	Unapplied Section 235 Assistance Payments (Earned Assistance only)			
124.	Overpaid Section 235 Assistance Payments			
Coinsurance or Nonconveyances Only				
125.	Overhead Costs (from line 405, Part E)			
126.	Uncollected Interest (Approved Forbearance Agreements Only)			
127.	Amount due from buyer at closing or at appraisal notice date (from line 406, Part E)			
128.	Amount owed to buyer at closing or at appraisal notice date (from line 407, Part E)			
See Instructions				
129.	Additional closing costs (from line 408, Part E)			
130.	Appraisal Fee (from line 409, Part E)			
131.	Deficiency Judgment Costs/Fees (from line 410, Part E)			
132.				
133.	Contact Name and Telephone Number: Holding Mortgagee	Totals	134. \$	135. \$
				136. \$

Contact Name and Telephone Number: Servicing Mortgagee	137. Net Claim Amount (columns B - A + C) \$
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Certification: The undersigned certifies that the amounts listed above represent all the expenses actually paid by on or behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, assignment operation, protection, or preservation of the property identified by the above FHA case number and that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish receipted invoices for any amounts shown above.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

By signing below, the undersigned certifies that the statements and information contained hereon (face and reverse) are true and correct.

138. Mortgagee official signature, date and title. (Signature not necessary if signed by Servicer)	139. Servicer Signature, date and title
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Mail Original to: Department of Housing and Urban Development, Office of Financial Services/OFS, SF Claims Br., PO Box 23297, Washington, D. C. 20026

Single-Family Application for Insurance Benefits

Part C Support Document

200. Mortgagor's Name and Property Address	201. FHA Case Number	202. Section of Act Code
	203. Mortgagee's reference number (max. 15 digits)	
	204. Date	205. Debenture interest rate

Disbursements for Protection and Preservation (Continues on back)

Date Paid	Date Work Completed	Description of Service Performed	Amount Paid \$	Debenture Interest \$
206.				
207.				
208.				
209.				
210.				
211.				
212.				
213.				
214.				
215.				
216.				
217.				
218.				
219.				
220.				
221.				
222.				
223.				
224.				
225.				
226.				
227.				
228.				
229.				
230.				
231.				
232.				
233.				
234.				
235.				
236.				
237.				

263. Subtotals brought forward from line 262 on back
 264. Enter amount paid and interest (Enter also on line 110, Part B)
 265. Holding Mortgagee Contact Name and Telephone Number:

Totals

266. Servicing Mortgagee Contact Name and Telephone Number:

Certification: The undersigned certifies that the amounts listed above represent all the expenses actually paid by on or behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, assignment operation, protection, or preservation of the property identified by the above FHA case number and that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish receipted invoices for any amounts shown above.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

By signing below, the undersigned certifies that the statements and information contained hereon (face and reverse) are true and correct.

267. Mortgagee official signature, date and title. (Signature not necessary if signed by Servicer) 268. Servicer Signature, date and title

Single-Family Application

for Insurance Benefits

Part D Support Document (Continuation 1)

300. FHA Case Number	301. Section of Act Code	302. Mortgagee's reference number (max. 15 digits)	303. Debenture Interest Rate	304. Date
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305. Disbursements for HIP, taxes, ground rents and water rates (which were liens prior to mortgage), eviction costs and other disbursements not shown elsewhere. (Do not include penalties for late payment.) Only costs incurred between the dates in Items 8 and 10 of Part A are allowed.

Date Paid	Description	Amount Paid	Debenture Interest	Date Paid	Description	Amount Paid	Debenture Interest
				Enter on Line 111, Part B		Totals	\$

306. Attorney/Trustee Fees

307. Foreclosure and/or acquisition, conveyance and other costs

Date Paid	Description	Amount Paid	Debenture Interest	Date Paid	Description	Amount Paid	Debenture Interest
	Attorney's fees						
	Trustee fees						
Enter on Line 112, Part B		Totals	\$	Enter on Line 113, Part B		Totals	\$

308. Taxes on Deed

Date Paid	Type	to Mortgagee	to HUD	Amount Paid	Debenture Interest	
	State					
	Other					
				Enter on Line 117, Part B	Totals	\$

309. Special Assessments (Do not use for Coinsurance, see Part E)

310. Bankruptcy

Date Paid	Date Lien Attached	Description	Amount Paid	Debenture Interest	Date Paid	Description	Amount Paid	Debenture Interest	
Enter on Line 120, Part B			Totals	\$	Enter on Line 114, Part B			Totals	\$

311. Mortgage Insurance Premiums

Date Paid	Period Covered From	To	Amount Paid	Debenture Interest	Date Paid	Period Covered From	To	Amount Paid	Debenture Interest
				Enter on Line 122, Part B				Totals	\$

Mail Original to: Department of Housing and Urban Development, Office of Financial Services/OFS, SF Claims Br., PO Box 23297, Washington, D. C. 20026

Single-Family Application for Insurance Benefits

Part E Support Document (Continuation 2)

Use this form when filing for Coinsurance or Nonconveyances

400. FHA Case Number

401. Section of Act Code	402. Mortgagee's reference number (max. 15 digits)	403. Debenture Interest Rate	404. Date
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405. Overhead Costs

409. Appraisal Fee

One Time Charge (not to exceed \$40) \$ _____ \$ _____
 No. of Months _____ x amount \$ _____ = _____
 Enter on Line 125, Part B Total \$ _____ Enter on Line 130, Part B Total \$ _____

406. Amounts due from buyer at closing or at appraisal notice date for:

410. Deficiency Judgment Costs/Fees

Taxes \$ _____ \$ _____
 Water rates _____
 Special Assessments _____

 Enter on Line 127, Part B Total \$ _____ Enter on Line 131, Part B Total \$ _____

407. Amounts owed to buyer at closing or at appraisal notice date for:

411. Reserved

Taxes \$ _____ \$ _____
 Water rates _____
 Special Assessments _____

 Enter on Line 128, Part B Total \$ _____ Total \$ _____

408. Additional closing costs at settlement

412. Reserved

Discount Points on FHA/VA Financing \$ _____ \$ _____
 Sales Commission _____
 Recording Fees _____
 Servicing Charge _____
 Termite Report _____
 Title Insurance _____
 Appraisal _____

 Enter on Line 129, Part B Total \$ _____ Total \$ _____