Mark-to-Mai			Form 7.4			
Claim Paym	nent Checklist					
Date:	11/7/08 Most Recent M	odel Update:	3/12/04			
Property Name						
FHA Number:						
	Checklist of required documents (if applicable					
	to be submitted to OAHP HQ at least 16 day	s prior to closing:				
Date	Document					
Received	(Originals sent to PAE for the docket)					
4/7/06	Form 7.5 Claim Payment Summary					
	Restructuring Commitment with Exhibit A and Exhibit	F				
	Certification of Mortgage Balance					
	Form 7.6 Application for 541(b) Payment					
	Wiring Instructions for Partial Payment of Claim - Payl Financial Communication System for Existing Mortgage		n - Treasury			
	Written Authorization from Existing Mortgagee (in F47 (aka Treasury Letter)) for Payment to be se	nt to Other Entity			
	Official Corporate Resolution naming corporate officer	s with signing authorit	y for Mortgagee			
	Delegation of Authority requesting Servicer to act on b	ehalf of Mortgagee (if	applicable)			
	If Power of Attorney submitted in lieu of Treasury Lette content	er, certification by PAE	attorney clarifying			
	Official Corporate Resolution naming corporate officer	s with signing authorit	y for Servicer			
	Form 4.11 F47 Clearance Certification -or-					
	Form 4.12 F47 Reconciliation Form					
	Insurance Termination Request for Multifamily Mortga	ge (HUD Form 9807)				
	Form 7.7 Closing Parties Checklist					
	If <u>any</u> of the following are true, approvals asset can be scheduled.	must be obtained	d <u>before</u> the			
	Existing debt bond financed					
	236 (Interest Reduction Payments - IRP) deal					
	Additional Funds (AF model)					
	Subordinate debt					
X	Rehab Escrow Deposit Agreement (REDA)					
	Transfer of Physical Assets (TPA)					
	Transfer of Physical Assets (TPA) to a Qualified Non-	Profit (QNP) w/debt re	lief at closing			
FALSE	This deal cannot be scheduled as modele \$25,000.	d: CRN cannot b	e less than			

Form 7.4, 5-1-08 Page 1 of 2

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	Comments/Other (specify).		documents submitted to the HQ Transaction Specialist on: Rehab Escrow Deposit Agreement (REDA): Exhibit A and Bids/Estimates approved by REAT: F47 Reconciliation (one form always required to be attached): Form 4.11 OR				

NOTE: PAE must assure all necessary reviews and approvals are obtained prior to closing.

Form 7.4, 5-1-08 Page 2 of 2

No Name Apartments Street Address City, State Zip Code New FHA #: M2M Closing:
REDA Expiration Date:
Total # of Units:
Original PCA Date:
Last Time All Bids (Budget) Updated:

EXHIBIT A REPAIRS

WORK				ANTICIPATED TIMELINE					
				Green (G) or				Inspection	
Work Item	Description of Rehab Work (From PCA or Final Model)	Quantity	Budget	Standard (S)	Bid	Work Start	Work End	Scheduled	Draw #
(A)	(B)	(C)	(D)	Rehab	Amount	(E)	(F)	(G)	(H)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
		Total Rehab			\$0				
		Contingency			\$0				
	Total Rehab Plus	Contingency	\$0		\$0				

LEGEND

(A) Work Item

List all work items that need to be done in A. This list can generally come from the final model.

(B) Description of Rehab Work (From PCA or Final Model)

Provide a description of the work (at a minimum, what the purpose of the work item is and where the work item is located or to be done; identify the actual building number or unit number) in B. The description is based on the PCA or tenant meeting comments. This can also include: Specifications, Products, Materials, Installation Parameters and Methods, Performance Specifications, Tolerances, etc.

(C) Quantity

Explain how many units need to be done or purchased.

(D) Budget

The amount set aside for in the final model or per the restructuring at closing.

Green (G) or Standard (S) Rehab

Clarify whether or not the rehab work contains a Green element or if it is simply standard rehab work. Green rehab work

Bid Amount

Bids should be ascertained right after the Exhibit A is approved by REAT and then updated prior to closing. The updated bid amounts should be reflected in the Exhibit A.

(E) Work Start

Anticipated date that the work item will commence.

(F) Work End

Anticipated date that the work item will be completed.

(G) Inspection Scheduled

Anticipated date the inspection will be performed.

H) Draw i

This number reflectsfrom which draw this work item will expected to be reimbursed.

NOTE

1 If applicable, for additional funds transaction, attach a separate list all other non-M2M rehab repairs with timeline and costs and show how the M2M rehab will fit in.

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 project-based 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.