

# Application for Benefits and Fiscal Data in Support of Final Claim Settlement Housing Finance Agency Risk-Sharing

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

OMB Approval #2502-0500  
(exp. XX/XX/XXXX)

**Instructions:** See HUD Handbook 4590.1 for instructions on how to prepare this Form and Schedules A through F. Send original and two copies of this Form and Schedules A through F, together with required supporting documentation to: U.S. Department of Housing and Urban Development, Multifamily Claims Branch, HFFMC, Washington, DC 20410-8000.

1. Date Form Prepared		2. Project Name and Location		3. FHA Project Number	
4. HFA Name, Address and Telephone ( )		5. Servicer Name, Address and Telephone ( )			
6. HFA Tax Identification Number			7. HFA HUD Mortgage Number		
8. Date to Which Interest Collected		9. Date of Default		10. Date Election to Acquire	
				11. Date Foreclosure Started	
12. Date Receiver Appointed (if applicable)		13. Date Receiver Discharged (if applicable)		14. Date Property Acquired	
				15. Date Property Sold	
16. Method of Acquisition <input type="checkbox"/> Foreclosure <input type="checkbox"/> Deed-in-Lieu			17. Method of Disposition <input type="checkbox"/> Negotiated Sale <input type="checkbox"/> Competitive Bid <input type="checkbox"/> Not Sold		

**Part I**

**A. Amount of Initial Claim Payment** \$ \_\_\_\_\_

**Part II – Disbursements**

**A. Outstanding Advances for:**

1. Taxes, Ground Rents, Water Charges, etc., (Schedule A, Col. 5, total in parentheses)	\$ _____
2. Property Insurance (Schedule A, Column 6, total in parentheses)	\$ _____
<b>Total Outstanding Lender Advances</b> (Sum of Lines A1 and 2)	\$ _____

**B. Reasonable Expenses for Protection and Preservation of the Property (Schedule D, Col. 3)** \$ \_\_\_\_\_

**C. Total Foreclosure and Acquisition Costs** (Schedule D, Column 5) \$ \_\_\_\_\_

**D. Repairs to the Property** (Schedule D, Column 6) \$ \_\_\_\_\_

**E. Disposition Expenses** (Schedule D, Column 7) \$ \_\_\_\_\_

**F. HFA Debenture Interest** \$ \_\_\_\_\_

**Total Disbursements** (Sum of Lines II.A through II.F) \$ \_\_\_\_\_

**Part III – Deductions**

**A. Funds in Escrow:**

1. Mortgage Insurance Premiums (Schedule A, Column 4)	\$ _____
2. Taxes, Ground Rents, Water Charges, etc., (Schedule A, Column 5)	\$ _____
3. Hazard Insurance Premiums (Schedule A, Column 6)	\$ _____
4. Reserve for Replacements (Schedule A, Column 10)	\$ _____
5. Other (Schedule A, Column 7 plus Schedule E Balance)	\$ _____
<b>Total Funds in Escrow</b> (Sum of Lines A1 through 5 above)	\$ _____

**B. Net Income Received from Property:**

1. Total Collections (Schedule B, Column 7)	\$ _____
2. Operating Expenses (Schedule C, Column 5)	\$ _____
<b>Net Income</b> (Line B1 minus Line B2)	\$ _____

**C. Funds Received on Account of Mortgagor** (Schedule A, Column 12) \$ \_\_\_\_\_

**D. Net Sales Proceeds** (Schedule F) \$ \_\_\_\_\_

**E. HFA Debenture Interest** \$ \_\_\_\_\_

**Total Deductions** (Sum of Lines III.A through III.E) \$ \_\_\_\_\_

**Part IV**

**Total Claim** (Part I plus Part II minus Part III) \$ \_\_\_\_\_

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

HFA Name, Address and Telephone	Title and Signature of Authorized Official	Date Signed
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**Instructions for Completing Application for Benefits and Fiscal Data  
in Support of Final Claim Settlement Housing Finance Agency Risk-Sharing**

- A. **Overview.** This form summarizes all of the components of the claim except accrued interest. HUD will compute accrued interest at the time of claim settlement. This Form and Schedules A through F capture the information required by 24 CFR 266.644 through 650. Prepare this Form **only after** Schedules A through F have been completed.
- B. **Steps to Complete Form.**
1. Complete Blocks 1 through 17 as applicable. If the HFA has retained a Servicer and the Servicer is filing the claim both Blocks 4 and 5 must be completed. If there is no servicer Block 5 may be omitted.
  2. Line IA is the amount of funds **received** for the initial claim payment.
  3. Lines IIA through E will be derived from the appropriate supporting Schedules as indicated on the front of the Form. Line IIF is the amount of HFA Debenture interest paid to HUD up to the date the form is prepared.
  4. Lines IIIA through D will be derived from the appropriate supporting schedules as indicated on the front of the Form. Line IIIE is the amount of HFA Debenture interest accrued but not paid to HUD from the anniversary date of the last HFA Debenture interest payment to the date the form is prepared. This amount will be adjusted at the time of claim settlement **to the date of claim settlement** in accordance with 24 CFR 266.650(g).
  5. Calculate Total Disbursements (Line II) and Total Deductions (Line III).
  6. Calculate the Total Claim (Line I plus Line II minus Line III).
  7. Sign and date the Form. Be sure to include the title of the signing official and telephone number so HUD can contact that person if necessary.