

Application for Mortgage Insurance

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

OMB Approval No. 2502-0141 (Exp. 11/30/2017)

Public reporting burden for this collection of information is estimated to average 4 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 collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is necessary for HUD to analyze specific information including financial data, cost data, and drawings and specifications before determining whether a cooperative or condominium project mortgage should be insured. This information is necessary on the application for mortgage insurance and is required to obtain benefits. This information is considered non-sensitive; no assurance of confidentiality is provided.

Project Name:	Mortgage Amount:	Date:	Project Number:
Cooperative Housing Section 213		<input type="checkbox"/> SAMA	<input type="checkbox"/>
		<input type="checkbox"/> Feasibility	<input type="checkbox"/> Firm

A. Location and Description of Property

1. Street Nos.	2. Street	3. Municipality	4. Census Tract	5. County	6. State and Zip Code				
7. Type of Project			8. No. Stories		9. Foundation		9.a. Basement Floor		
<input type="checkbox"/> Elevator <input type="checkbox"/> Walkup <input type="checkbox"/> Row (T.H.) <input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached			<input type="checkbox"/> Slab on Grade <input type="checkbox"/> Full Bsmt. <input type="checkbox"/> Partial Bsmt. <input type="checkbox"/> Crawl Space		<input type="checkbox"/> Structural Slab <input type="checkbox"/> Slab on Grade				
10. <input type="checkbox"/> Proposed <input type="checkbox"/> Existing	11. Number of Units Revenue Non-Rev.		12. No. of Bldgs.		13. List of Accessory Bldgs. and Area		13.a. List Recreation Facilities and Area		
Site Information				Building Information					
14. Dimensions:				16. Yr. Built		16.a.			
ft. by ft. or sq. ft.						<input type="checkbox"/> Manufactured Housing <input type="checkbox"/> Conventionally Built <input type="checkbox"/> Modules <input type="checkbox"/> Components			
15. Zoning: (If recently changed, submit evidence)				16.b. Exterior Finish		17. Structural System		17.a. Floor System	18. Heating-A/C System

B. Information Concerning Land or Property

19. Date Acquired	20. Purchase Price \$	21. Additional Costs Paid or Accrued \$	22. If Leasehold Ground Rent \$	23. Total Cost \$	24. Relationship-Business, Personal or Other Between Seller and Sponsor
25. Utilities—			26. Unusual Site Features —		
Water Public Community <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewers <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Cuts <input type="checkbox"/> Fills <input type="checkbox"/> Rock Formations <input type="checkbox"/> Erosion <input type="checkbox"/> Poor Drainage <input type="checkbox"/> High Water Table <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None		

C. Unit Composition and Charges

27. No. Units	Unit Type	No. Rms.	Liv. Area (Sq. Ft.)	Composition of Unit	Contemplated Down Payment	Unit Charge Per Month	Total Monthly Charge**	Total Annual	
					\$	\$	\$		
28. Total Estimated Charges for All Family Units								\$	\$
29. No. Parking Spaces:									
Attended		Open Spaces	@ \$			per month			
Self Park		Covered Spaces	@ \$			per month			
30. Commercial									
Area-Ground Level		Sq. Ft.	@ \$			per sq. ft./mo.			
Other Levels		Sq. Ft.	@ \$			per sq. ft./mo.			
31. Total Estimated Accessory Income at 100% Occupancy								\$	\$

32. Gross Floor Area- Sq. Ft.	33. Net Rentable Residential Area- Sq. Ft.	34. Net Rentable Commercial Area- Sq. Ft.
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35. **Non-Revenue Producing Space**

Type of Employee	No. Rms.	Composition of Unit	Location of Unit in Project

D. Equipment and Services Included in Charges: (Check Appropriate Items)

<p>36. Equipment:</p> <input type="checkbox"/> Ranges-Original (Gas or Electric) <input type="checkbox"/> Disposal <input type="checkbox"/> Ranges-Replace. (Gas or Electric) <input type="checkbox"/> Dishwasher <input type="checkbox"/> Refrig.-Original (Gas or Electric) <input type="checkbox"/> Carpet <input type="checkbox"/> Refrig.-Original (Gas or Electric) <input type="checkbox"/> Drapes <input type="checkbox"/> Air Conditioning (Equip. Only) <input type="checkbox"/> Kitchen Exhaust Fan <input type="checkbox"/> Laundry Facilities <input type="checkbox"/> Other _____	<p>37. Services:</p> <p>Gas: <input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Cooking <input type="checkbox"/> Air Conditioning</p> <p>Elec: <input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Cooking <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Lights, etc., in Unit</p> <p>Other Fuel: <input type="checkbox"/> Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Water <input type="checkbox"/> Grounds Maint. <input type="checkbox"/> Other _____</p>	<p>38. Special Assessments:</p> <p>a. <input type="checkbox"/> Prepayable <input type="checkbox"/> Non-Prepayable</p> <p>b. Principal Balance \$ _____</p> <p>c. Annual Payment \$ _____</p> <p>d. Remaining Term _____ Years</p>
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E. Estimate of Annual Common Expense

Administrative

1. Apartment Resale Expense \$ _____

2. Management \$ _____

3. Other _____

4. **Total Administrative** \$ _____

Operating

5. Elevator Main. Exp. \$ _____

6. Fuel (Heating and Domestic Hot Water) _____

7. Lighting & Misc. Power _____

8. Water _____

9. Gas _____

10. Garb. & Trash Removal _____

11. Payroll _____

12. Other _____

13. **Total Operating** \$ _____

Maintenance

14. Decorating \$ _____

15. Repairs _____

16. Exterminating _____

17. Insurance _____

18. Ground Expense _____

19. Other _____

20. **Total Maintenance** \$ _____

21. Replacement Reserve (0.0060 or 0.0040 x) Total structures from Line 50 \$ _____

22. Total Common Expense (Except Taxes) \$ _____

Taxes

23. Real Estate Est. Assessed
Val. \$ _____ at
\$ _____ per \$1000- \$ _____

24. Personal Prop. Est. Assessed
Val. \$ _____ at
\$ _____ per \$1000- \$ _____

25. Empl. Payroll Tax _____

26. Other _____

27. Other _____

28. **Total Taxes** \$ _____

29. **Total Common Expense** \$ _____

F. Annual Fixed Charges

30. Interest Plus Curtail ___% \$ _____
(Call Insuring Office for Rate)

31. Mortgage Insurance \$ _____

G. Net Common Expense & Fixed Charges

35. Tot. Gross Ann. Exp. & Fixed Chgs \$ _____

36. Estimate of Accessory Rental Income \$ _____

37. Less Vacancy (_ %) \$ _____

38. Effective Accessory Rental Income \$ _____

39. Total Ann. Net Common Expense & Fixed Charge (after deducting common income) \$ _____

40. Fixed Monthly Net Common Expense & Fixed Charge \$ _____

41. Total Monthly Net Common Expense & Fixed Charger per SF \$ _____

42. Total Monthly Net Common Expense & Fixed Charger Per Room (_ Rooms) \$ _____

H. Estimated Replacement Cost

43. Unusual Land Improvements \$ _____
 44. Other Land Improvements \$ _____
 45. Total Land Improvements \$ _____

Structures

46. Main Buildings \$ _____
 47. Accessory Buildings _____
 48. Garages _____
 49. All other buildings _____
 50. **Total Structures** \$ _____
 51. General Requirements \$ _____

Fees

52. Builder's Gen. Oh. (%) \$ _____
 53. Builder's Profit (%) _____
 54. Arch. Fee-Design (%) _____
 55. Arch. Fee-Supvr. (%) _____
 56. Bond Premium _____
 57. Other Fees _____
 58. **Total Fees** \$ _____
 59. Tot. for all Imprmts. (Lines 45,50,51+58) \$ _____
 60. Cost Per Gross Sq. Ft. \$ _____
 61. Estimated Construction Time _____ Months

Carrying Charges & Financing

62. Int. _____ Mos. at %
 on \$ _____ \$ _____

63. Taxes _____
 64. Insurance _____
 65. FHA Exam. Fee (0.3%) _____
 66. FHA Inspec. Fee (0.5%) _____
 67. Financing Fee (%) _____
 68. Other Fees (%) _____
 69. FNMA or FNMA Fee (%) _____
 70. Title & Recording _____

71. **Total Carrying Chgs. & Financing** \$ _____

Legal Organization & Marketing

72. Legal \$ _____
 73. Organization _____
 74. Marketing _____
 75. **Total Legal, Organ. & Mktg.** \$ _____
 76. Other \$ _____

77. **Total Est. Development Cost**
 (Lines 59, 72, 76, 77) \$ _____

78. **Land** (Est. Market Price of Site)
 _____ sq. ft. at \$ _____ per sq. ft. \$ _____

79. **Total Estimated Replacement Cost of Project** (Add 78 & 79) \$ _____
 _____ sq. ft. at \$ _____ per sq. ft. \$ _____

I. Estimated Expenses Not Included in Carrying Charges or Common Expense

	Type No. 1	Type No. 2	Type No. 3	Type No. 4	Type No. 5
Real Estate Taxes, Individual Per Month	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Insurance, if Paid Individually Per Month	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Estimated Personal Benefit Expenses To Be Paid Individually By Residents

	Type No. 1	Type No. 2	Type No. 3	Type No. 4	Type No. 5
Heating					
Electricity					
Water					
Gas					
Decorating					
Repairs					
Other					
Total Annual Personal Benefit Expense	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Monthly Personal Benefits Expense	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

J. Total Requirements For Settlement

1. Development Cost	\$ _____
2. Land Indebtedness (or Cash required for land acquisition)	\$ _____
3. Subtotal (Line 1 + Line 2)	\$ _____
4. Mortgage Amount	\$ _____
5. Fees paid by other than cash	\$ _____
6. Line 4 + Line 5	\$ _____
7. Cash Invest. Required (Line 3 - Line 6)	\$ _____
8. Initial Operating Deficit	\$ _____
9. Anticipated Discount	\$ _____
10. Working Capital	\$ _____
11. Add Off-site construction costs	\$ _____
12. Total Estimated Cash Requirement (Lines 7 + 8 + 9 + 10 + 11)	\$ _____

K. Estimated Annual Operating Statement

1. Dwelling Change (From Schedule C)	\$ _____
2. Garage Rent	_____
3. Commercial Income	_____
4. Other (Specify)	_____
5. Estimated Gross Income Assuming 100% Occupancy	\$ _____
6. Less Vacancies Assumed- (%) on garages \$ _____ (%) on other Non-dwelling Income _____	
7. Total Vacancy Deduction	\$ _____
8. Total Estimated Gross Income After Vacancy Deduction	\$ _____
9. Annual Expense & Fixed Charges Total Expense per annum \$ _____ Total fixed charges per annum \$ _____	
10. Total Annual Expense and Fixed Charges	_____
11. Excess of Income Over All Charges	\$ _____

L. Attachments: (Required Exhibits)

1. Location Map	8. Sketch Plan of Site
2. Evidence of Site Control (option or purchase) and Legal Description of Property	9. Personal Financial & Credit Statement of Sponsors
3. Form HUD-92010 Equal Employment Opportunity Certification	10. Form HUD-2530 Previous Participation Certification
4. Photographs of Improvements on Site & Adjacent Site	11. Survey
5. Architectural - Exhibits - Final	12. Evidence of Architect E&O Insurance Coverage
6. Architectural Exhibits - Preliminary	13. Copy of Owners and Architects Agreement
7.	14. Form FHA-2328 Contractor's and/or Mortgagor's Cost Breakdown
	15.

M. Names, Addresses and Telephone Numbers of the Following: (Indicate Cash Investment from each Sponsor)

1. Sponsor(s)

2. General Contractor

3. Architect

4. Sponsor's Attorney

For HUD Use Only

Date Rec.								
Amount								
Code								
Schedule								
Rec. By								

Sponsor Certification

To: Federal Housing Commissioner:

SAMA

Feasibility

Firm

I request a loan in the principal amount of \$ _____ to be insured under the provision of Section _____ of the National Housing Act, said loan to be secured by a first mortgage on the property hereinafter described.

As the principal sponsor of the proposed mortgagor, I certify that I am familiar with the provisions of the Regulations of the Federal Housing Commissioner under the above identified Section of the National Housing Act and that to the best of my knowledge and belief the mortgagor has complied, or will be able to comply with all of the requirements thereof which are prerequisite to insurance of the mortgage under such Section.

I further certify that to the best of my knowledge and belief no information or data contained herein or in the exhibits or attachments listed herein are in any way false or incorrect and that they are truly descriptive of the project or property which is intended as the security for the proposed mortgage and that the proposed construction will not violate zoning ordinances or restrictions of record.

I agree with the Department of Housing and Urban Development, Federal Housing Administration, that pursuant to the requirements of Title VII of the Civil Rights Act of 1968, Title VI of the Civil Rights Act of 1964, Executive Order 11063, and Departmental regulations, (a) neither he nor anyone authorized to act for him will decline to sell, rent or otherwise make available any of the property or housing in the multifamily project to a prospective purchaser or tenant because of race, color, religion, or national origin, (b) I will comply with federal, state and local laws and ordinances prohibiting discrimination, (c) I will affirmatively market this project to attract buyers or tenants of all minority and majority groups, and (d) my failure or refusal to comply with the requirements of either (a), (b) or (c) shall be a proper basis for the Commissioner-Secretary to reject requests for future business with which the sponsor is identified or to take any other corrective action deemed as necessary.

The type of firm commitment eventually to be requested, is checked below, I have read and understand the applicable form of Commitment for insurance and the FHA forms referred to therein.

Sponsor's Signature and Date

X

Proposed Mortgagee's Signature and Date

Proposed Mortgagee's Address:

X

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I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **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)

Signature and Date
