

# 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"/> 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 <input type="checkbox"/> Row (T.H.) <input type="checkbox"/> Elevator <input type="checkbox"/> Detached <input type="checkbox"/> Walkup <input type="checkbox"/> Semi-Detached		8. No. Stories	9. Foundation Slab on Full Partial Crawl <input type="checkbox"/> Grade <input type="checkbox"/> Bsmt. <input type="checkbox"/> Bsmt. <input type="checkbox"/> Space		9.a. Basement Floor Structural Slab on <input type="checkbox"/> Slab <input type="checkbox"/> 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
<b>Site Information</b>			<b>Building Information</b>		
14. Dimensions: ft. by ft. or sq. ft.			16. Yr. Built	16.a. <input type="checkbox"/> Manufactured Housing <input type="checkbox"/> Modules <input type="checkbox"/> Conventionally Built <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— Water Public Community <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewers <input type="checkbox"/> <input type="checkbox"/>		26. Unusual Site Features — <input type="checkbox"/> Cuts <input type="checkbox"/> Fills <input type="checkbox"/> Poor Drainage <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Rock Formations <input type="checkbox"/> High Water Table <input type="checkbox"/> Erosion <input type="checkbox"/> Retaining Walls <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:		Open Spaces @ \$			per month			
Attended 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					
<b>Total Annual Personal Benefit Expense</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Monthly Personal Benefits Expense</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**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	\$ _____
<b>12. Total Estimated Cash Requirement</b> (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

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