

**Mark-to-Market  
Payment Information Form**

**Form 7.25**

FHA Project Number:    -

The information requested concerning the mortgagee's financial institution should be available through the mortgagee's Treasurer.

If the mortgagee's financial institution has access to the Federal Reserve Communication System, please complete only items 1 through 9 and items 14-16. If the mortgagee's financial institution does not have access to the Federal Reserve Communication System, please complete all items except item 7.

1. Bank Account Name (must match Section III of Form 7.5 EXACTLY)

2. Full Address for named account

3. Contact Person (must match Closing Escrow Agent name from Section I of Form 7.5)

4. Phone Number

5. Name of Financial Institution

6. Full Address of Financial Institution

7. Financial Institution ABA Number (Only 1 digit per box) (Complete only if the mortgagee's financial institution has access to the Federal Reserve Communication System)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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8. Telegraphic abbreviation of Financial Institution

9. Account Number at the mortgagee's financial institution to be credited with the funds

10. Type of Correspondent Financial Institution to Receive Electronic Funds Transfer (If the mortgagee does not have access to the Federal Reserve Communication )

11. Full Address of Correspondent Financial Institution

12. Correspondent Financial Institution ABA Number (Only 1 digit per box) (For routing transfer of funds)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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13. Telegraphic abbreviation of Correspondent Financial Institution

14. Mortgagor Tax Identification Number (must match Form 7.5)

15. Mortgagee Tax Identification Number (must match Form 7.5)

Comments

PAE Name and address

16. Name and Title of person at PAE preparing form	Signature	Date (mm/dd/yyyy)
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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 Recapitalization, 451 7th Street SW, Room 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.105-65, 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 8 contracts 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.