

**Insurance Termination Request
for Healthcare Mortgage
Section 232**

**U.S. Department of Housing and
Urban Development
Office of Residential
Care Facilities**

OMB No. 2502-0605
(exp. 03/31/2018)

Applicant must read all of the Instructions on back before completing this form

1. Type of Request (Place an X in those that apply) Full Insurance <input type="checkbox"/> Prepayment Termination: Mortgage is paid in full and original credit instrument is canceled. <input type="checkbox"/> Voluntary Termination: Attach the original credit instrument for cancellation of insurance endorsement.		Co-Insurance <input type="checkbox"/> Date Deed Recorded, (mm/dd/yyyy) _____ <input type="checkbox"/> Mortgagee intends to file a claim <input type="checkbox"/> Mortgagee does not intend to file a claim <input type="checkbox"/> Prepayment Termination - Mortgage Paid in Full <input type="checkbox"/> Voluntary Termination-Attach credit instrument <input type="checkbox"/> Mortgagor Redeems Property After Foreclosure <input type="checkbox"/> 3rd Party Acquires Property at Foreclosure Sale																
2. Date of This Request (mm/dd/yyyy):	3. FHA Project Number:	4. Mortgagee's Loan No. (if any):																
5. Date of Prepayment in Full, if applicable (mm/dd/yyyy):	6. Original Amount of Mortgage: \$	7. Maturity Date (mm/dd/yyyy):																
8. The following items are attached, or the statements are applicable: <input type="checkbox"/> Certified or cashier's check for \$100 for redemption of the preferred stock issued to FHA/HUD by the mortgagor corporation plus any due and unpaid dividends. <input type="checkbox"/> Original Credit Instrument. See Item 1, above. <input type="checkbox"/> Prior Approval to Terminate, if required (See reverse)		9. Program Information. Check a Yes or No on each of the following: <table border="0"> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Nonprofit</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Receiving Rent Supplement</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Receiving Section 8 Payments</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Limited Distribution</td> </tr> </table>		Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Nonprofit	<input type="checkbox"/>	<input type="checkbox"/>	Receiving Rent Supplement	<input type="checkbox"/>	<input type="checkbox"/>	Receiving Section 8 Payments	<input type="checkbox"/>	<input type="checkbox"/>	Limited Distribution
Yes	No																	
<input type="checkbox"/>	<input type="checkbox"/>	Nonprofit																
<input type="checkbox"/>	<input type="checkbox"/>	Receiving Rent Supplement																
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<input type="checkbox"/>	<input type="checkbox"/>	Limited Distribution																
Certifications: <input type="checkbox"/> I certify that no dividends are due. <input type="checkbox"/> I certify that the amount remitted with this form is the full amount due.																		
The undersigned certifies that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish documents to support the responses shown above.																		
10. Name and Signature of Mortgagors (Complete only if this is a voluntary termination.) (If corporate, give name of corporation and title of authorized officer who signs.): X		11. Project Name:																
12. HUD Holding Mortgagee Number (To be completed in all instances):		13. HUD Servicing Mortgagee Number (To be completed only if submitted by servicer):																
14. Name, Address and Zip Code of Holding Mortgagee (To be completed in all instances):		15. Name, Address and Zip Code of Mortgagee's Servicer (To be completed only if submitted by servicer):																
16. Signature of Holding Mortgagee's Authorized Representative X		17. Signature of Servicing Mortgagee's Authorized Officer X																
Title of Holding Mortgagee's Authorized Representative		Title of Servicing Mortgagee's Authorized Officer																

For HUD Use Only: The contract of insurance, as identified above, has been terminated in accordance with this request and HUD regulations.

- The original document, showing cancellation of the HUD insurance endorsement, is attached.
 A refund of unearned insurance premium in the amount of \$_____ has been authorized for the account of the mortgagor and a U.S. Treasury check will be sent to your office. This refund and any HUD premium held in escrow may be credited or returned to the borrower.

Date Document Received (mm/dd/yyyy)	Effective Date of Termination (mm/dd/yyyy)	Signature of HUD Official X	Date (mm/dd/yyyy)
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Public reporting burden for this collection of information is estimated to average 7 minutes 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. The agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

This form collects data required for cancellation of multifamily mortgage insurance contracts and payments of mortgage insurance premiums. The information collection is needed when the mortgage goes into default and the lender files a claim for insurance benefits. The Department ascertains that the claim is a legitimate claim for mortgage insurance premiums. This information is required under 24 CFR Part 207. Providing this information is required to obtain benefits.

Section 24 CFR 207.253(a) and (b) states that notice of the prepayment of the mortgage or loan shall be given to the Commissioner on a form prescribed by the Commissioner within 30 days from the date of the prepayment. The Section also states that the original credit instrument for cancellation of the insurance endorsement and the remittance of all sums to which the Commissioner is entitled shall accompany this form. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information request.

Instructions

- Step 1.** If the property has 221(d)(4), 231(profit motivated mortgagor) or 213 mortgage insurance, proceed to Step 4.
- Step 2.** If the property is subject to HUD insured or HUD held subordinate debt, the debt must be fully satisfied before prepayment of the first mortgage or termination of the mortgage insurance will occur. Such insurance programs include 241(a), 241(f), or Partial Payment of Claim. Proceed to Step 3.
- Step 3.** If requesting prepayment of the property's mortgage, and HUD consent is required by the mortgage documents and/or the regulations or not, you must; (Prior to submitting form HUD-9807)
- A.** Look at the list of the following programs on HUD web site _____ which have received a:
- (1) Flexible subsidy or Help Loans. While as a general rule, HUD consent is required for prepayment, there are cases where the mortgage note is silent. In those cases, consult the Office of Portfolio Management in Headquarters.
 - (2) Rent Supplement Contract.
 - (3) Partial Payment of Claim.
 - (4) Portfolio Reengineering.
- B.** Not on the web site list but also requiring prior approval of HUD are:
- (1) Section 231, 232, 236 or 221 (d)(3) properties;
 - a. That are not more than 20 years from the date of final endorsement,
 - b. Originally owned by non-profits due to their 40-year lock-in restriction, or
 - c. Originally an LD and sold to NP.
 - d. Not Required: This component is voluntary. For prepayment of an FHAinsured or HUDheld Section 236 mortgage, property owners are strongly encouraged to electronically submit an optional HUD Section 236 Consolidated Application Package (attached) to describe proposed preservation transactions, request HUD approvals, and upload support documents via www.hudmfpreservation.net.
 - (2) Section 207/223(f).
 - a. According to the 223(f)(3) of the National Housing Act, five years must have elapsed since the date of final endorsement, or
 - b. If purchased by GNMA pursuant to Section 305 of the National Housing Act, 20 years must have elapsed since the date of final endorsement.
- C.** If the property is in any of the above categories, and has not received HUD consent, it is not eligible to prepay and **no further action can occur**. Proceed no further.
- D.** If the property is not one of the categories listed above, **it may or may not be eligible** to prepay and you are to submit the following information to the address below:
- (1) A written request for prepayment
 - (2) A copy of the mortgage note(s), rider(s) and addendums

- (3) Owner's requested prepayment date, if known
- (4) A written statement that a copy of the above information has been sent to the HUD Office with jurisdiction for the property.

**U.S. Department of HUD
Office of Multifamily Portfolio Management, Room 6160
451 Seventh Street, S.W.
Washington, D.C., 20410**
**(For Section 232 loans, submit to the Section 232 Portal at <https://www.232hudhealthcare.com>);
For Sections 242 and 236 loans submit to Revised9807Terminations@hud.gov;
For other MF FHA insured submit to FAMD9807Processing@hud.gov**

- E.** Upon receipt of the above information, the Office of Multifamily Portfolio Management in Washington, D.C. will review it and respond in writing, either approving, disapproving or with conditions, the request to prepay. This approval is good for a period of ninety days.
- Step 4.** Before completing this step, be sure that:
- A.** All amounts due HUD, including mortgage insurance premiums and/or late charges and interest, are paid up to date.
 - B.** You meet the criteria under step 1 or 2, or you received approval to prepay under step 3, from the Office of Portfolio Management-Headquarters, and
 - C. Prepayment has actually taken place.** Once prepayment has occurred, you are to submit the following information to the address or fax number listed below:
 - (1) Insurance Termination Request for Multifamily Mortgage, Form HUD-9807-ORCF, properly executed and signed by a corporate officer.
 - (2) Copy of Portfolio Management's approval letter.
 - (3) Copy of the property's mortgage note(s), rider(s), and addendums.
 - (4) If FHA/HUD owns preferred stock of the mortgagor corporation, a certified or cashier's check made payable to the U.S. Department of Housing and Urban Development for \$100 plus due and unpaid dividends should accompany the correspondence.
 - (5) For Voluntary termination only, the **original credit instrument** must be submitted to the address below for cancellation of the HUD insurance endorsement. **Both the servicer and mortgagor must sign the Form-9807-ORCF**

**U.S. Department of HUD
Insurance Operations Branch
P.O. Box 44124
Washington, D.C. 20026-4124**

Or, by Fax: (202) 401-3246
Or, for Section 232 mortgages to
Revised9807Terminations@hud.gov

- Step 5.** After the contract of mortgage insurance has been terminated by HUD, a signed copy of the Form HUD-9807-ORCF, together with a letter indicating whether a refund is due the mortgagor or funds are due HUD, will be returned to the mortgagor.

For a voluntary termination, cancellation of the HUD insurance endorsement will be effective on **the date all requirements are**

met. The original credit instrument that was submitted will be returned to the mortgagee by Certified/Overnight Mail.