

**Application for Insurance
Benefits**
Section 232

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

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

Public reporting burden for this collection of information is estimated to average 0.1 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. 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.

Email To: multifamilyclaimsbranch@hud.gov

Or Mail to: U.S. Department of Housing and Urban Development
Multifamily Claims Branch, HWAFCR, Room 6252
451 7th Street S.W., Washington, DC 20410-8000

To assign a mortgage: Submit within 30 days after the date of the notice of election to assign.

To convey Title: Submit on the date the instrument of conveyance is filed for record.

| Project No. | Name and Location of Project | Date |
|-------------|------------------------------|------|
|-------------|------------------------------|------|

The undersigned hereby applies for insurance benefits under the pertinent HUD regulations. It is understood that receipt of this executed form, filed in conformance with the above instructions, shall act to terminate the mortgagee's obligation to pay mortgage insurance premiums on the captioned project.

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| Name & Address of Mortgagee (include zip code) | Name & Address of Servicer (include zip code) |
| Signature & Title of Mortgagee Official (not needed if signed by servicer) | Signature & Title of Servicer Official (not needed if signed by mortgagee) |
| X | X |

Mortgagee/Servicer should retain 1 copy.