## Request for Credit Approval of Substitute Mortgagor

## U.S. Department of Housing and Urban Development

Office of Housing

Federal Housing Commisioner

OMB No. 2502-0595 (exp. 11/30/2013)

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 mandatory and is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Section 204(b) of the National Housing Act authorizes the Secretary of the Department of Housing and Urban Development to consent to the release of the mortgagor from his liability under the mortgage. HUD uses this information collection to approve the credit of a substitute mortgagor who desires to assume an FHA-insured mortgage. The information is also needed to document the financial stability of the mortgagor. While the information is considered confidential, HUD does not pledge assurances of confidentiality to respondents. HUD generally discloses this data only in response to a Freedom of Information request.

Privacy Act Notice – The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested on this form by virtue of Title 12, United States Code, Section 1701 et seq. The Housing and Community Development Act of 1987, U.S.C. 3543 authorized HUD to collect Employer ID and/or Social Security Numbers. These numbers are used to provide information to the IRS regarding payment of commissions or other fees. HUD may also disclose this information to Federal, State, and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Failure to provide the Employer ID Number or Social Security Number could affect your participation in HUD's FHA Insurance Program.

Mortgagee Instructions: This form is for use in cases involving the release of a Mortgagor from liability for a deficiency occurring as a result of foreclosure as required under the National Housing Act (12 U.S.C. 1701). HUD has not retained a copy of this form in its files. Within 30 days of the change, you are required to submit the Mortgage Record Change information via Internet through the FHA Connection or the Electronic Data Interchange (EDI).

Case Number	Section of the	Section of the National Housing Act					
		203		Other (specify)			
Mortgagee's Name, Address & Zip Code		,	Prope	Property Address (street, city & state)			
fold line							
Seller's Name, Address & Zip Code		Purchaser's N	Purchaser's Name, Address & Zip Code				
			Purchaser's Social Security No.				
Sensitive Information: The	information collected on this form is consid	dered sensitive and i	s protect	ed by the Privacy	Act. The Privac	v Act requires that these	
records be maintained with a	ppropriate administrative, technical, and phate any anticipated threats or hazards to	nysical safeguards to	ensure t	heir security and	confidentiality. I	n addition, these records	
inconvenience, or unfairness	s to any individual on whom the information	n is maintained.	legilly w	mich could resul	t III Substantiai	nam, embanassment,	
responsibility for a deficiency	r Substitution. It is requested that the about of cocurring as a result of foreclosure. A fortal tale and statements contained therein are true and	orm HUD-92900, Mo	rtgagor's	Application for C	Credit Approval,	with required exhibits is	
		Remaining term of mor	ing term of mortgage Face amount of		original mortgage Purchaser is or will be		
Has been Will be (Total principal, interest, MIP, Ins.,taxes, ground rent or special assessments)			o antho a			owner / occupant	
transferred transferre	ed \$  Is mortgage current? Date of first		onths Date of ne	\$ ext scheduled	Insured under Es	Yes No	
\$	Yes No (original)	. ,	payment		Procedure	es No	
φ 						es INO	
Date	Name & Title of Officer						
	Ву						
conditions, if any, and the issues as a result of foreclosure in control of the control of the conditions.	Housing Commissioner. The above name uance of form HUD-92210.1 to the seller, connection with the above numbered loan. ed and the conditions specified below are	onsent is given to the Form HUD-92210.1	release of	of the seller from f	inancial liability f	for a deficiency occurring	
Date	authorized Agent						
E	Зу						