

**Mortgage Report of
Project Disbursements**
Schedule C Sheet of

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-041 8 (Exp.06/30/2021)

Public reporting burden for this collection of information is estimated to average 30 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. 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.

The information is collected to obtain required fiscal data for the Department to pay insurance benefits. The information provides the Department with the necessary fiscal data to audit the claim submission and accurately compute insurance benefits owed to the lender. Payment of such benefits is cited in Statute 12 USC 1713(g) of the National Housing Act. The information requested does not lend itself to confidentiality.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including, fines, penalties, and imprisonment.

1. Mortgagee (Name and Address)	2. Project (Name and Location)	
3. Project Number	4. Date Mortgagee Assumed control of Project	5. Date Mortgagee Relinquished Control of Project

Check or Voucher Number (1)	Payee (2)	Item for which Disbursement was made (3)	Paid		Audit Check
			Date (4)	Amount (5)	
Total this sheet					

Certification: I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct.
 WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Signature _____ Date _____

Note: Disbursements listed herein must be supported by either original or duplicate paid invoices, or photo copies thereof.

Send original and 1 copy to the:

U.S. Department of Housing and Urban Development
Attn: Multifamily Accounting and Servicing Division, HWAFCR Room 6252
451 7th Street, SW
Washington, D.C. 20410 – 8000