

Single-Family Application for Insurance Benefits

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

Write numeric date where indicated (i.e. MM-DD-YYYY).		General Information					
1. Claim Type		<input type="checkbox"/> 01-Conveyance <input type="checkbox"/> 02-Assignment <input type="checkbox"/> 03-Automatic Assignment <input type="checkbox"/> 04-Coinsurance <input type="checkbox"/> 05-Supplemental <input type="checkbox"/> 06-CWCOT <input type="checkbox"/> 07-PFS <input type="checkbox"/> Other		<input type="checkbox"/> 31-Spec. Forb. <input type="checkbox"/> 32-Modification <input type="checkbox"/> 33-Partial Claim		2. FHA Case Number	
3. Section of the Act Code		4. Default reason code (2 digits)		5. Endorsement date (from MIC)		6. Date form prepared	
7. Due date of first payment to principal and interest a. Original b. Modified		8. Due date last complete installment paid		9. Date of possession and acquisition of marketable title		10. Date deed or assignment filed for record or date of closing or appraisal	
11. Date foreclosure proceedings <input type="checkbox"/> a. Instituted <input type="checkbox"/> b. Date of deed in lieu		12. Holding mortgagee number (payee) (10 digits)		13. Servicing mortgagee number (10 digits)		14. Mortgagee reference number (maximum of 15 digits)	
15. Mortgage amount a. Original b. Modified		16. Holding mortgagee EIN (9 digits)		17. Unpaid loan balance as of date in block 8 (Item 11 if coinsurance)		18. Date of firm commitment	
19. Expiration date of extension to foreclose/assign		20. Date of notice/Extension to convey		21. Date of release of bankruptcy, if applicable		22. Is property vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. If Item 22 is No, date of local HUD Office approval		24. Is property conveyed damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No		25. If Item 24 is Yes, date of: a. Local HUD Office approval (pursuant to 203.379(a)(1))		b. Certification (pursuant to 203.379(a)(2))	
26. Type of Damage <input type="checkbox"/> Tornado <input type="checkbox"/> Boiler explosion (Condominium units only) <input type="checkbox"/> Fire <input type="checkbox"/> Damage (203.377) <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake						27. Recovery or estimate of damage	
28. Is mortgagee successful bidder? <input type="checkbox"/> Yes <input type="checkbox"/> No		29. Deficiency Judgment Code		30. Authorized bid amount		31. Mortgagee reported curtailment date	

32. Schedule of Tax Information

Tax Year	Type of tax or assessment	Collector's property identification	Amount paid	Period covered		Date paid
				From	To	

33. Mortgagor's or HECM Borrower's name, SSN and property address	34. Brief legal description of property
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Certification: The undersigned agrees that in the event of damage by fire (except as otherwise provided in section 203.379(b) of the HUD regulations; flood, earthquake, tornado, or boiler explosion, if applicable, the Secretary may deduct from the settlement to be made to the mortgagee an amount computed in accordance with the applicable HUD regulations. The undersigned further agrees: (1) that in the event the Secretary finds it necessary to reconvey the above described property to the mortgagee, because of the mortgagee's noncompliance with HUD regulations, the mortgagee shall reimburse the Secretary for any settlement made in debentures and/or cash and for all cash disbursements, including those for repairs and rehabilitation of the property, made by the Secretary; and (2) that if a mortgagee does not comply with HUD regulations, the mortgagee remains responsible for the property, and any loss or damage thereto, notwithstanding the filing of the deed to the Secretary for record, and such responsibility is retained by the mortgagee until HUD regulations have been fully complied with (203.379). If this is a HECM claim, the Mortgagee fully complies with the HECM regulations at 24 CFR 206.127(c).

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

By signing below, the undersigned certifies that the statements and information contained hereon (face and reverse) are true and correct.

35. Name & address of mortgagee (include Zip Code)	36. Name & address of Mortgagee's servicer (include Zip Code)
37. Mortgagee official signature, date & title. (Signature not necessary if signed by (Servicer))	38. Servicer signature, date & title.

Please see HUD Handbook 4000.1, FHA Single Family Housing Policy Handbook for submission instructions for forward mortgage insurance claims.

Continuation of Application

39. Amount of monthly payment to: a. FHA Insurance	b. Taxes	c. Hazard Insurance	d. Interest & Principal
40. If Bankruptcy filed, enter date filed	41. If conveyed/assigned damaged, date damage occurred	42. Date HIP cancelled or refused, if applicable	43. Number of living units

44. Status of Living Units

Unit #1. a. <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable
Unit #2. a. <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable
Unit #3. a. <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable
Unit #4. a. <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable

45. Modified Interest Rate	46. New Maturity Date	47. Interest Rate (prior to modification)	
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Mortgagee's comments, if any.

HUD's comments, if any.

Public Reporting Burden for this collection of information is estimated to average 1.33 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. This information is required to obtain mortgage insurance benefits. 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.

Sensitive Information. Some information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.

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Part B Fiscal Data

100. Mortgagor's or HECM Borrower's Name and Property Address	101. FHA Case Number	102. Section of Act Code
	103. Mortgagee's reference number (max. 15 digits)	104. Date form prepared
	105. Exp. date to Submit Title Evidence, or fiscal data for Part B	106. Check if supplemental <input type="checkbox"/>

Line Number	Description	Column A Deductions	Column B Additions	Column C Interest
107.	Adjustment to Loan Balance (if different from Item 17, Part A)			
108.	Sale/Bid or Appraisal Value (for Coinsurance or Nonconveyance)			
109.	Escrow Balance (as of date in Item 10, Part A)			
110.	Total Disbursements for Protection and Preservation (from line 264, Part C)			
111.	Total Disbursements (from line 305, Part D)			
112.	Attorney/Trustee Fees Paid (from line 306, Part D)			
113.	Foreclosure, Acquisition, Conveyance, and Other Costs (from line 307, Part D)			
114.	Bankruptcy Fee (if applicable) (from line 310, Part D)			
115.	Rental Income			
116.	Rental Expense			
117.	Total Taxes on Deed (from line 308, Part D)			
118.	Recovery or Damage (if not reported on Part A) (Use line 119 if reported on Part A)			
119.	Estimate or Recovery From Part A \$ _____ Less Total Insurance Recovery _____ Adjusted Amount (plus or minus) \$ _____			
120.	Special Assessments (Do Not Use for Coinsurance)(from line 309, Part D)			
121.	Mortgage Note Interest (assignments, coinsurance, and special forbearance agreements only) From _____ To _____ Rate _____ %			
122.	Mortgage Insurance Premiums (from line 311, Part D)			
123.	Unapplied Section 235 Assistance Payments (Earned Assistance only)			
124.	Overpaid Section 235 Assistance Payments			
Coinsurance or Nonconveyances Only				
125.	Overhead Costs (from line 405, Part E)			
126.	Uncollected Interest (Approved Forbearance Agreements Only)			
127.	Amount due from buyer at closing or at appraisal notice date (from line 406, Part E)			
128.	Amount owed to buyer at closing or at appraisal notice date (from line 407, Part E)			
See Instructions				
129.	Additional closing costs (from line 408, Part E)			
130.	Appraisal Fee (from line 409, Part E)			
131.	Deficiency Judgment Costs/Fees (from line 410, Part E)			
132.				
133.	Contact Name and Telephone Number: Holding Mortgagee	Totals	134. \$	135. \$
				136. \$

Contact Name and Telephone Number: Servicing Mortgagee	137. Net Claim Amount (columns B - A + C) \$
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Certification: The undersigned certifies that the amounts listed above represent all the expenses actually paid by on or behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, assignment operation, protection, or preservation of the property identified by the above FHA case number and that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish receipted invoices for any amounts shown above.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

By signing below, the undersigned certifies that the statements and information contained hereon (face and reverse) are true and correct.

138. Mortgagee official signature, date and title. (Signature not necessary if signed by Servicer)	139. Servicer Signature, date and title
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Please see HUD Handbook 4000.1, FHA Single Family Housing Policy Handbook for submission instructions for forward mortgages.

Single-Family Application for Insurance Benefits

Part C Support Document

200. Mortgagor's or HECM Borrower's Name and Property Address	201. FHA Case Number	202. Section of Act Code
	203. Mortgagee's reference number (max. 15 digits)	
	204. Date	205. Debenture interest rate

Disbursements for Protection and Preservation (Continues on back)

Date Paid	Date Work Completed	Description of Service Performed	Amount Paid \$	Debenture Interest \$
206.				
207.				
208.				
209.				
210.				
211.				
212.				
213.				
214.				
215.				
216.				
217.				
218.				
219.				
220.				
221.				
222.				
223.				
224.				
225.				
226.				
227.				
228.				
229.				
230.				
231.				
232.				
233.				
234.				
235.				
236.				
237.				

263. Subtotals brought forward from line 262 on back		
264. Enter amount paid and interest (Enter also on line 110, Part B)	Totals	

265. Holding Mortgagee Contact Name and Telephone Number:	266. Servicing Mortgagee Contact Name and Telephone Number:

Certification: The undersigned certifies that the amounts listed above represent all the expenses actually paid by on or behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, assignment operation, protection, or preservation of the property identified by the above FHA case number and that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish receipted invoices for any amounts shown above.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

By signing below, the undersigned certifies that the statements and information contained hereon (face and reverse) are true and correct.

267. Mortgagee official signature, date and title. (Signature not necessary if signed by Servicer)	268. Servicer Signature, date and title

Please see HUD Handbook 4000.1, FHA Single Family Housing Policy Handbook for submission instructions for forward mortgages.

Single-Family Application for Insurance Benefits

Part C continuation

Disbursements for Protection and Preservation

Date Paid	Date Work Completed	Description of Service Performed	Amount Paid \$	Debenture Interest \$
238.				
239.				
240.				
241.				
242.				
243.				
244.				
245.				
246.				
247.				
248.				
249.				
250.				
251.				
252.				
253.				
254.				
255.				
256.				
257.				
258.				
259.				
260.				
261.				
262. Subtotals (bring forward to line 263 on front				

Mortgagee's comments, if any

HUD's comments, if any

Single-Family Application for Insurance Benefits

Part E Support Document (Continuation 2)

Use this form when filing for Coinsurance or Nonconveyances

400. FHA Case Number	401. Section of Act Code	402. Mortgagee's reference number (max. 15 digits)	403. Debenture Interest Rate	404. Date
405. Overhead Costs One Time Charge (not to exceed \$40) \$ _____ No. of Months _____ x amount \$ _____ = _____ Enter on Line 125, Part B Total \$ _____		409. Appraisal Fee _____ \$ _____ _____ Enter on Line 130, Part B Total \$ _____		
406. Amounts due from buyer at closing or at appraisal notice date for: Taxes \$ _____ Water rates _____ Special Assessments _____ _____ Enter on Line 127, Part B Total \$ _____		410. Deficiency Judgment Costs/Fees _____ \$ _____ _____ _____ Enter on Line 131, Part B Total \$ _____		
407. Amounts owed to buyer at closing or at appraisal notice date for: Taxes \$ _____ Water rates _____ Special Assessments _____ _____ Enter on Line 128, Part B Total \$ _____		411. Reserved _____ \$ _____ _____ _____ Total \$ _____		
408. Additional closing costs at settlement Discount Points on FHA/VA Financing \$ _____ Sales Commission _____ Recording Fees _____ Servicing Charge _____ Termite Report _____ Title Insurance _____ Appraisal _____ _____ _____ Enter on Line 129, Part B Total \$ _____		412. Reserved _____ \$ _____ _____ _____ _____ _____ _____ Total \$ _____		