

**Multifamily Insurance  
Benefit Claim  
Section 232**

Payment Information in  
Support of Claim  
Treasury Financial Communication  
System for Mortgage Wiring Instructions

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

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

**Public reporting** burden for this collection of information is estimated to average 0.5 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation that must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. 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.

**Warning:** Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

<p>The information requested concerning the mortgagee's financial institution should be available through the mortgagee's Treasurer. If the mortgagee's financial institution has access to the Federal Reserve Communication System, please complete only items 1 through 9 and item 14. If the mortgagee's financial institution does not have access to the Federal Reserve Communication System, please complete all items except item 7.</p>		
FHA Project Number:		
1. Name of Mortgagee:	2. Full Address:	
3. Contact Person:	4. Phone Number:	
5. Name of Financial Institution:	6. Full Address of Financial Institution:	
<p>7. Financial Institution ABA Number (Only 1 digit per box) (Complete only if the mortgagee's financial institution has access to the Federal Reserve Communication System)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		
8. Telegraphic abbreviation of Financial Institution:	9. Account Number at the Mortgagee's Financial Institution to be credited with the Funds:	
10. Type of Correspondent Financial Institution to receive Electronic Funds Transfer (if the mortgagee does not have access to the Federal Reserve Communication System):	11. Full Address of Correspondent Financial Institution:	
<p>12. Correspondent Financial Institution ABA Number (Only 1 digit per box) (For routing transfer of funds)</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>		
13. Telegraphic abbreviation of Correspondent Financial Institution:		
Comments:	Mail to:	
14. Title of Person completing this Form:	Signature	Date:
Mortgagee/Servicer should retain 1 copy.	Send original and 1 copy to the: U.S. Department of Housing and Urban Development Multifamily Claims Branch, HWAFCR 451 Seventh Street, S.W. Washington, DC 20410-8000.	