

**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. 11/30/2022)

Public reporting burden for this collection of information is estimated to average 0.5 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 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. Response to this request for information is required in order to receive the benefits to be derived from the National Housing Act Section 232 Healthcare Facility Insurance Program. 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. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

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).

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.		
FHA Project Number:		CMS # (if applicable):
1. Name of Mortgagee:		2. Full Address:
3. Contact Person:		4. Phone Number:
5. Name of Financial Institution:		6. Full Address of Financial Institution:
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) <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"/>		
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:
12. Correspondent Financial Institution ABA Number (Only 1 digit per box) (For routing transfer of funds) <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"/>		
13. Telegraphic abbreviation of Correspondent Financial Institution:		
Comments:		Mail to:
14. Title of Person completing this Form:	Signature	Date:
Mortgagee/Service should retain 1 copy.	Send original and 1 copy to the: U.S. Department of Housing and Urban Development Multifamily Claims Branch, HWAFC 451 Seventh Street, S.W. Washington, DC 20410-8000.	

This document may be executed using electronic signatures that shall be considered as original signature for all purposes and shall have the same force and effect as original signatures. "Electronic signatures" shall include manual signatures scanned to an electronic format for transmission (e.g. via portable document format); digital signatures created with the use of electronic authentication software; or such other means of

electronic execution as may be sufficient to authenticate the document under governing law.