

**Application for Insurance Benefits**  
Section 232

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

OMB No. 2502-0605  
(exp. 11/30/2022)

**Public reporting burden** for this collection of information is estimated to average 0.1 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).

This form collects data required for cancellation of multifamily mortgage insurance contracts and payments of mortgage insurance premiums. The information collection is needed when the mortgage goes into default and the lender files a claim for insurance benefits. The Department ascertains that the claim is a legitimate claim for mortgage insurance premiums. This information is required under 24 CFR Part 207. Providing this information is required to obtain benefits.

Email To:  
[multifamilyclaimsbranch@hud.gov](mailto:multifamilyclaimsbranch@hud.gov)

Or Mail to: U.S. Department of Housing and Urban Development  
Multifamily Claims Branch, HWAFCR, Room 6252  
451 7th Street S.W., Washington, DC 20410-8000

**To assign a mortgage:** Submit within 30 days after the date of the notice of election to assign.

**To convey Title:** Submit on the date the instrument of conveyance is filed for record.

Project No.	CMS # (if applicable)	Name and Location of Project	Date
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The undersigned hereby applies for insurance benefits under the pertinent HUD regulations. It is understood that receipt of this executed form, filed in conformance with the above instructions, shall act to terminate the mortgagee's obligation to pay mortgage insurance premiums on the captioned project.

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.

Name & Address of Mortgagee (include zip code)	Name & Address of Servicer (include zip code)
Signature & Title of Mortgagee Official (not needed if signed by servicer)	Signature & Title of Servicer Official (not needed if signed by mortgagee)
X	X

Mortgagee/Servicer should retain 1 copy.