

Application for Coinsurance Benefits and Fiscal Data in Support of Claim

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

OMB Approval No. 2502-0420 (exp. 02/29/2004)

See Public Burden and Privacy Act statements on the back

See HUD Handbook 4566.2 for instructions on how to prepare this and Schedules A through F. Send original and two copies of the Schedules, along with all required supporting documentation to the The U.S. Department of Housing & Urban Development, Assistant Secretary for Housing, Office of Mortgage Insurance and Accounting, HPMPO, Washington D.C. 20410-8000.

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| Coinsuring lender's employee identification number | Date of this form | |
| Coinsuring lender's name & address | Servicing lender's name & address (if other than coins. lender) | Project name and address |
| Coinsuring lender's FHA project number | Servicing Lender's FHA project number | |

Method of acquisition: Foreclosure Deed-in-Lieu **Method of disposition:** Negotiated Sale Competitive Bid Project not sold

| Date to which interest collected | Date of default | Date of election to acquire | Date foreclosure started | Date receiver appointed if applicable | Date receiver discharged if applicable | Date property acquired | Date property sold |
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| I. Unpaid principal balance of mortgage on date foreclosure started or deed-in-lieu accepted (Schedule A, col 9) | |
| II. Disbursements: | |
| A. Outstanding lender advances | |
| 1. Mortgage insurance premiums (Schedule A, col 4, total in parentheses) | |
| 2. Taxes, ground rents, water charges, etc., (Schedule A, col 5, total in parentheses) | |
| 3. Property insurance (Schedule A, col 6, total in parentheses) | |
| Total outstanding lender advances (sum of Lines A1,2,& 3) | |
| B. Reasonable expenses for protection and preservation of the property (Schedule D, col3) | |
| C. Total foreclosure and acquisition costs (Schedule D, col 5) | |
| Two-thirds (2/3) of foreclosure and acquisition costs on line above | |
| D. Repairs to the property (Schedule D, col 6) | |
| E. Disposition expenses (Schedule D, col 7) | |
| Total disbursements (Sum of Lines II.A through II.E) | |
| III. Deductions: | |
| A. Funds in escrow | |
| 1. Mortgage insurance premiums (Schedule A, col 4) | |
| 2. Taxes, ground rents, water charges, etc., (Schedule A, col 5) | |
| 3. Hazard insurance premiums (Schedule A, col 6) | |
| 4. Reserve for replacements (Schedule A, col10) | |
| 5. Other (Schedule A, col 7 plus Schedule E balance) | |
| Total funds in escrow (Sum of Lines III.A. 1 through III.A 5) | |
| B. Net income received from property | |
| 1. Total collections (Schedule B, col7) | |
| 2. Operating expenses (Schedule B, col 5): | |
| Net income (Line III.B.1 minus Line III.B.2) | |
| C. Funds received on account of mortgagor (Schedule A, col 12) | |
| D. Net sales proceeds (Schedule F) | |
| E. Five percent deductible (5% of unpaid balance in I above) | |
| Total deductions (Sum of Lines III.A through III.E) | |
| IV. Total Claim (Part I plus Part II minus Part III) | |

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)."

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| Name, title, & signature of coinsuring lender authorized official | Date |
|---|------|

Public reporting burden for this collection of information is estimated to average 15 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 in the event of default of a multifamily mortgage. In this event, the mortgagee is entitled to receive benefits under the coinsurance coverage prescribed in Sections 255.815 through 255.828 of the CFR. To receive these benefits the mortgagee must submit the information to allow HUD to determine the claim amount due the mortgagee. This information is required under Statue 12 USC 1715z-9 and Title II, Section 244 of the National Housing Act.

Privacy Act Statement. The information collected 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.