

# Application for Insurance Benefits Multifamily Mortgage

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

OMB No. 2502-0419 (exp. 8/31/2023)

**Public reporting burden** for this collection of information is estimated to average 1 hour 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 agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, to the Office of Information Technology, US Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0419.

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.

This document may be executed using electronic signatures that shall be considered as original signatures for all purposes and shall have 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.

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.	Name and Location of Project	Date

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.

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)