

Single Family Acquired Asset
Management System (SAMS)

Payee Deactivation Request

Send the completed form to: Soza and Company, P.O. Box 888, Merrifield, VA. 22116-0888.

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

I. DSGK Screen: Deactivation Name and Address

1. HOC Area Identifier	2. HOC Area Name	
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3. Payee NAID	4. Reason	5. TIN/SSN	6. Payee's Business Name	7. Payee's Business Address	8. Begin Date	9. End Date

10. Preparer's Signature (M&M Contractor/M&M GTM) X	11. Title	12. Date (mm/dd/yyyy)	13. Phone (Area Code)
14. Reviewer's Signature (Supervisory M&M Contractor/M&M GTR/Closing Agent GTR or Designee) X	15. Title	16. Date (mm/dd/yyyy)	17. Phone (Area Code)
18. Approver's Signature (HOC Director or Designee) X		19. Date of Approval & Submission (mm/dd/yyyy)	

Public reporting burden for this collection of information is estimated to average 12 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. This information enables HUD to record and process financial transactions in its automated Single Family Acquired Asset Management System (SAMS) to dispose of acquired single-family properties. HUD reimburses M&M Contractors for their services in maintaining, marketing, and selling HUD homes, and HUD collects funds associated with the sales of these properties. The information enables HUD to create and maintain sound financial management practices and effective internal controls over the property disposition program. A response is required to obtain or maintain a benefit.

Privacy Act Notice: The Department of Housing and Urban Development (HUD) is authorized to collect this information by Section 104(d) of the Housing and Community Development Act of 1974, as amended. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect the Social Security Number (SSN). The information you provide will enable HUD to use SSNs to help decrease the incidence of fraud, waste, and abuse in specific HUD programs. HUD may disclose certain information to Federal, State, and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Providing the SSN is mandatory. Failure to provide this information will result in rejection of the application.

Instructions for Completing Form SAMS-1117 Please use typewriter or print in ink.

1. **HOC Area Identifier:** Enter the HOC Area identifier (e.g., P1 for Philadelphia Area 1).
2. **HOC Area Name:** Enter the HOC Area name (e.g., Philadelphia Area 1).
3. **Payee NAID:** Enter the Name/Address identifier (NAID) for each payee to be deactivated.
4. **Reason for Deactivation:** Use one of the following reason codes:
 - DS – for discontinuation of service
 - DU – for duplicate payee. If you are requesting the deactivation of a duplicate payee, also provide the NAID of the payee to remain active in block 6. In order to deactivate a duplicate name, the Tax I.D. number must be the same for both NAIDs.
 - PF – for performance ban (Deactivation for this reason requires that the HOC comply with 24 CFR Part 24 before banning a vendor.)
5. **TIN/SSN:** Enter the Tax Identification Number, or the Social Security Number if no TIN exists, for the company or individual to be moved to an inactive status.
6. **Payee's Business Name:** Enter the name of the payee as it appears in SAMS.
7. **Payee's Business Address:** Enter the complete mailing address of the payee as it appears in SAMS.
8. **Begin Date:** Enter effective date of deactivation.
9. **End Date:** Enter effective date of reactivation. For DU or OT, enter 12/31/99. For PF, enter actual effective date.
- 10 -13. **Preparer's Signature:** Enter legible signature and title of M&M Contractor or M&M GTM, date of preparation, and phone number of individual authorizing the form.
- 14 -17. **Reviewer's Signature:** Enter the legible signature and title of the Supervisory M&M Contractor/M&M GTR/Closing Agent GTR or designee, date of preparation, and phone number of the individual reviewing the form.
- 18 -19. **Approver's Signature:** Enter the legible signature of the HOC Director or designee, and date of approval and submission.