OMB Approval No. 2503-0033 (Exp. 00/00/0000)

Public reporting for this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 valid OMB control number.

Ginnie Mae is authorized to collect this information pursuant to Section 306(g) of the National Housing Act and/or by Ginnie Mae’s

Handbook 5500.3, Rev. 1. The purpose of this collection is to provide for releases of security interests in the pooled mortgages by

 prior secured institutions. The information collected will not be disclosed outside the Department except as required by law.

**APPENDIX VI-16**

**Ginnie Mae Enterprise Portal (GMEP) Reporting and Feedback System (RFS) Quarterly Custodial Account Verification Record File Layout**

**Applicability:** These requirements apply to any Mortgage Backed Security Issuer with aggregate principal and interest payments due from borrowers of $100,000 or more in any one month as measured by the amount of the fixed installment control.

**Purpose:** To be used by an Issuer to complete quarterly custodial account verification reporting as required by Chapter 16, section 8 of the Mortgage Backed Securities Guide. Quarterly custodial account verification data must be submitted electronically or entered online to Ginnie Mae’s Reporting and Feedback System (RFS).

**Prepared by:** Issuer.

**Prepared in:** Electronic form. Submitted via the Ginnie Mae Enterprise Portal File Upload application.

**Due Date:** Data is due by 7:00 PM (Eastern Time) on the 10th calendar day in March, June, September and December.

 **Ginnie Mae Custodial Account Verification Data Record**

|  |  |
| --- | --- |
| **Document Version**  | **History** |
| Version 1.0 |  Initial Version |

**File Naming instructions for Custodial Account Verification(s):**

The naming convention is:**CAVSIIIIMMYYSN.txt** where:

CAVS—is constant. Custodial Account Verifications

IIII – is the Issuer ID. E.g. 3937

MMYY – is the reporting period. Month Year

SN—is the file Sequence Number. Ex. 01, 02, 03 (In order to distinguish between multiple files, the Sequence Number should not be repeated in a given month).

E.g.         **CAVS3937071501.txt**

Each file should consist of a Header Record, a CAVS Data Record, and a Trailer Record in that order. Files will be processed in the order in which they arrive.

Below is the summary of Record Types in the file. All records and fields are fixed length.

**Record Type H**

**Overall File Header Record**

| Item | Field Name | Begin | End | Type | Length | Remarks |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Record Type H = File Header | 1 | 1 | Character | 1 | Constant H |
| 2 | Issuer ID | 2 | 5 | Numeric | 4 |  |
| 3 | Record Date (YYYYMM) | 6 | 11 | Date | 6 | YYYYMM |
|  |  |  |  |  |  |  |
|  | Record Length |  | 11 |  |  |  |

Header Record Field Instructions

1. Record Type: “H” for File Header

2. Issuer ID: Issuer number that Ginnie Mae assigned to the organization.

3. Record Date: The Ginnie Mae reporting month.

**Record Type C**

**CAVS Data Record**

| Item | Field Name | Begin | End | Type | Length | Remarks |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Record Type C = CAVS Record | 1 | 1 | Character | 1 | Constant C - CAVS |
| 2 | Reporting Period | 2 | 7 | Date | 6 | YYYYMM |
| 3 | Issuer ID | 8 | 11 | Character | 4 | Valid Issuer ID |
| 4 | Institution Name  | 12 | 51 | Character | 40 | The name of the custodial institution  |
| 5 | Institution City | 52 | 81 | Character | 30 | The city where the custodial institution is located |
| 6 | Institution State | 82 | 83 | Character | 2 | The state where the custodial institution is located |
| 7 | Institution Zip Code | 84 | 92 | Numeric | 9 | The Postal Code where the custodial institution is located |
| 8 | Account Title | 93 | 242 | Character | 150 | The account title description: Principal and Interest or Taxes and Insurance (Escrow) |
| 9 | Account Type | 243 | 243 | Character | 1 | P or T |
| 10 | FDIC Bank Certification Number | 244 | 253 | Character | 10 | The assigned Federal Depository Insurance Corporation identification number. |
| 11 | Name of Rating Agency One | 254 | 313 | Character | 60 | The name of the Rating Agency (required) |
| 12 | Agency One Rating | 314 | 328 | Character | 15 | The Agency rating value. (required) |
| 13 | Name of Rating Agency Two | 329 | 388 | Character | 60 | The name of the Rating Agency (not required) |
| 14 | Agency Two Rating  | 389 | 403 | Character | 15 | The Agency rating value. (not required) |
| 15 | Contact Name | 404 | 443 | Character | 40 | The name of the person responsible for uploading the file |
| 16 | Title | 444 | 483 | Character | 40 | The title of the person responsible for uploading the file |
| 17 | Bank ID | 484 | 492 | Character | 9 | The ABA routing number |
|  |  |  |  |  |  |  |
|  | Record Length |  | 492 |  |  |  |

CAVS Record Field Instructions

1. Record Type: “C” for CAVS Record.
2. Reporting Period: Ginnie Mae reporting period (YYYYMM).
3. Issuer ID: A number Ginnie Mae assigned to identify the organization.

4. Institution Name: Name of the custodial institution related to Custodial Account Verification.

5. Institution City: The city the custodial institution is located, related to Custodial Account Verification.

6. Institution State: The state the custodial institution is located, related to Custodial Account Verification.

7. Institution Zip Code: The custodial institution’s Postal Code related to Custodial Account Verification.

8. Account Title: The title associated with the custodial account.

9. Account Type: The type of account used in the verification. Values: “P” for a Principal and Interest account or “T” for a Taxes and Insurance Escrow account.

10. FDIC Bank Certification Number: The FDIC number assigned to the institution.

11. Name of Rating Agency One: The Company name of the rater one (required).

12. Agency One Rating: The rating value for rater one (required).

13. Name of Rating Agency Two: The Company name of the second rater if submitted (not required).

14. Agency Two Rating: The rating value for rater two if submitted (not required).

15. Contact Name: The name of the submitter uploading the file.

16. Title: The title of the submitter uploading the file.

17. Bank ID: The American Bankers Association routing number of the custodial bank.

**Record Type T**

**Overall File Trailer Record**

| Item | Field Name | Begin | End | Type | Length | Remarks |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Record Type T = File Trailer | 1 | 1 | Character | 1 | Constant T |
| 2 | Issuer ID | 2 | 5 | Numeric | 4 |  |
| 3 | Record Date (YYYYMM) | 6 | 11 | Date | 6 | YYYYMM |
|  |  |  |  |  |  |  |
|  | Record Length |  | 11 |  |  |  |

Trailer Record Field Instructions

1. Record Type: “T” for File Trailer

2. Issuer ID: Issuer number that Ginnie Mae assigned to the organization.

3. Record Date: The Ginnie Mae reporting month.