Single-Family Application for Insurance Benefits

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

OMB Approval No. 2502-0429 (Exp X/XX/XXX)

Write numeric date where indicated (i.e. MM-DD-YYYY)

General Information

1. Claim Type
   - ☐ 01-Conveyance
   - ☐ 02-Assignment
   - ☐ 03-Automatic Assignment
   - ☐ 04-Coinsurance
   - ☐ 05-Supplemental
   - ☐ 06-CWCOT
   - ☐ 07-PFS
   - ☐ Other
   - ☐ 31-Spec. Forb.
   - ☐ 32-Modification
   - ☐ 33-Partial Claim

2. FHA Case Number

3. Section of the Act Code	4. Default reason code (2 digits)	5. Endorsement date (from MIC)	6. Date form prepared
7. Due date of first payment to principal and interest a. Original / b. Modified	8. Due date last complete installment paid	9. Date of possession and acquisition of marketable title	10. Date deed or assignment filed for record or date of closing or appraisal
11. Date foreclosure proceedings ☐ a.Instituted ☐ b.Date of deed in lieu	12. Holding mortgagee number (payee) (10 digits)	13. Servicing mortgagee number (10 digits)	14. Mortgagee reference number (maximum of 15 digits)
15. Mortgage amount a. Original / b. Modified	16. Holding mortgagee EIN (9 digits)	17. Unpaid loan balance as of date in block 8 (Item 11 if coinsurance)	18. Date of firm commitment
19. Expiration date of extension to foreclose/assign	20. Date of notice/Extension to convey	21. Date of release of bankruptcy, if applicable	22. Is property vacant? ☐ Yes ☐ No
23. If Item 22 is No, date of local HUD Office approval	24. Is property conveyed damaged? ☐ Yes ☐ No	25. If Item 24 is Yes, date of: a. Local HUD Office approval (pursuant to 203.379(a)(1))	b. Certification (pursuant to 203.379(a)(2))

26. Type of Damage
☐ Tornado ☐ Boiler explosion (Condominium units only) ☐ Fire ☐ Damage (203.377) ☐ Flood ☐ Earthquake

27. Recovery or estimate of damage

28. Is mortgagee successful bidder? ☐ Yes ☐ No	29. Deficiency Judgment Code	30. Authorized bid amount	31. Mortgagee reported curtailment date

32. Schedule of Tax Information

Tax Year	Type of tax or assessment	Collector's property identification	Amount paid	Period covered From	Period covered To	Date paid

33. Mortgagor's or HECM Borrower's name, SSN and property address	34. Brief legal description of property

Certification: The undersigned agrees that in the event of damage by fire (except as otherwise provided in section 203.379(b) of the HUD regulations) flood, earthquake, tornado, or boiler explosion, if applicable, the Secretary may deduct from the settlement to be made to the mortgagee an amount computed in accordance with the applicable HUD regulations. For conveyance claims, the undersigned further agrees: (1) that in the event the Secretary finds it necessary to reconvey the above described property to the mortgagee, because of the mortgagee's noncompliance with HUD regulations, the mortgagee shall reimburse the Secretary for any settlement made in debentures and/or cash and for all cash disbursements, including those for repairs and rehabilitation of the property, made by the Secretary; and (2) that if a mortgagee does not comply with HUD regulations, the mortgagee remains responsible for the property, and any loss or damage thereto, notwithstanding the filing of the deed to the Secretary for record, and such responsibility is retained by the mortgagee until HUD regulations have been fully complied with (203.379). For HECM claims, the undersigned hereby certifies under the penalty of perjury that the foregoing is true and correct: 1) the mortgage is prior to all mechanics' and materialmen's liens filed of record, regardless of when such liens attach, and prior to all liens and encumbrances, or defects which may arise except such liens or other matters as may have been approved by the Commissioner: 2) the amount stated in the instrument of assignment is actually due and owing under the mortgage: and 3) there are no offsets or counterclaims thereto and the mortgagee has a good right to assign. 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 false statements is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil penalties.
(18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

35. Name & address of mortgagee (include Zip Code)	36. Name & address of Mortgagee's servicer (include Zip Code)
37. Mortgagee official signature, date & title. (Signature not necessary if signed by (Servicer)	**38.** Servicer signature, date & title.

Please see HUD Handbook 4000.1, FHA Single Family Housing Policy Handbook for submission instructions for forward mortgage insurance claims.

Continuation of Application

39. Amount of monthly payment to: a. FHA Insurance	b. Taxes	c. Hazard Insurance	d. Interest & Principal
40. If Bankruptcy filed, enter date filed	41. If conveyed/assigned damaged, date damage occurred	42. Date HIP cancelled or refused, if applicable	43. Number of living units

44. Status of Living Units

Unit #1. a. ☐ Vacant ☐ Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable
Unit #2. a. ☐ Vacant ☐ Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable
Unit #3. a. ☐ Vacant ☐ Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable
Unit #4. a. ☐ Vacant ☐ Occupied (Enter name of occupant)	b. Date vacated, if applicable	c. Date secured, if applicable

45. Modified Interest Rate	46. New Maturity Date	47. Interest Rate (prior to modification)	

Mortgagee's comments, if any.

HUD's comments, if any.

Public Reporting Burden for this collection of information is estimated to average 1.33 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. This information is being collected to file a claim for Single Family Federal Housing Administration (FHA) insurance benefits. This information is required to obtain mortgage insurance benefits. This agency may not collect this information, and you are not required to complete this form, unless it displays the currently valid OMB control number 2502-0429, 2502-0589 or 2502-0611.

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Part B Fiscal Data

100. Mortgagor's or HECM Borrower's Name and Property Address	101. FHA Case Number	102 Section of Act Code
	103. Mortgagee's reference number (max. 15 digits)	104. Date form prepared
	105. Exp. date to Submit Title Evidence, or fiscal data for Part B	106. Check if supplemental ☐

Line Number	Description	Column A Deductions	Column B Additions	Column C Interest
107.	Adjustment to Loan Balance (if different from Item 17, Part A)			
108.	Sale/Bid or Appraisal Value (for Coinsurance or Nonconveyance)			
109.	Escrow Balance (as of date in Item 10, Part A)			
110.	Total Disbursements for Protection and Preservation (from line 264, Part C)			
111.	Total Disbursements (from line 305, Part D)			
112.	Attorney/Trustee Fees Paid (from line 306, Part D)			
113.	Foreclosure, Acquisition, Conveyance, and Other Costs (from line 307, Part D)			
114.	Bankruptcy Fee (if applicable) (from line 310, Part D)			
115.	Rental Income			
116.	Rental Expense			
117.	Total Taxes on Deed (from line 308, Part D)			
118.	Recovery or Damage (if not reported on Part A) (Use line 119 if reported on Part A)			
119.	Estimate or Recovery From Part A $ ________________________ Less Total Insurance Recovery ________________________ Adjusted Amount (plus or minus) $ ________________________			
120.	Special Assessments **(Do Not Use for Coinsurance)**(from line 309, Part D)			
121.	Mortgage Note Interest (assignments, coinsurance, and special forbearance agreements only From ________________ To ________________ Rate __________ %			
122.	Mortgage Insurance Premiums (from line 311, Part D)			
123.	Unapplied Section 235 Assistance Payments (Earned Assistance only)			
124.	Overpaid Section 235 Assistance Payments			
	Coinsurance or Nonconveyances Only			
125.	Overhead Costs (from line 405, Part E)			
126.	Uncollected Interest (Approved Forbearance Agreements Only)			
127.	Amount due from buyer at closing or at appraisal notice date (from line 406, Part E)			
128.	Amount owed to buyer at closing or at appraisal notice date (from line 407, Part E)			
	See Instructions			
129.	Additional closing costs (from line 408, Part E)			
130.	Appraisal Fee (from line 409, Part E)			
131.	Deficiency Judgment Costs/Fees (from line 410, Part E)			
132.				
133.	Contact Name and Telephone Number: Holding Mortgagee **Totals**	134. $	135. $	136. $
	Contact Name and Telephone Number: Servicing Mortgagee	137. Net Claim Amount (columns B - A + C) $		

Certification: The undersigned certifies that the amounts listed above represent all the expenses actually paid by on or behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, assignment operation, protection, or preservation of the property identified by the above FHA case number and that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish receipted invoices for any amounts shown above.

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 false statements is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

138. Mortgagee official signature, date and title. (Signature not necessary if signed by Servicer)	139. Servicer Signature, date and title

Please see HUD Handbook 4000.1, FHA Single Family Housing Policy Handbook for submission instructions for forward mortgages.

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Part C Support Document

200. Mortgagor's or HECM Borrower's Name and Property Address	201. FHA Case Number	202 Section of Act Code
	203. Mortgagee's reference number (max. 15 digits)	
	204. Date	205. Debenture interest rate

Disbursements for Protection and Preservation (Continues on back)

Date Paid	Date Work Completed	Description of Service Performed	Amount Paid $	Debenture Interest $
206.				
207.				
208.				
209.				
210.				
211.				
212.				
213.				
214.				
215.				
216.				
217.				
218.				
219.				
220.				
221.				
222.				
223.				
224.				
225.				
226.				
227.				
228.				
229.				
230.				
231.				
232.				
233.				
234.				
235.				
236.				
237.				
263. Subtotals brought forward from line 262 on back				
264. Enter amount paid and interest (Enter also on line 110, Part B)		Totals		

265. Holding Mortgagee Contact Name and Telephone Number:	266. Servicing Mortgagee Contact Name and Telephone Number:

Certification: The undersigned certifies that the amounts listed above represent all the expenses actually paid by on or behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, assignment operation, protection, or preservation of the property identified by the above FHA case number and that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish receipted invoices for any amounts shown above.

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 false statements is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

267. Mortgagee official signature, date and title. (Signature not necessary if signed by Servicer)	268. Servicer Signature, date and title

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Single-Family Application for Insurance Benefits
Part C continuation

Disbursements for Protection and Preservation

Date Paid	Date Work Completed	Description of Service Performed	Amount Paid $	Debenture Interest $
238.				
239.				
240.				
241.				
242.				
243.				
244.				
245.				
246.				
247.				
248.				
249.				
250.				
251.				
252.				
253.				
254.				
255.				
256.				
257.				
258.				
259.				
260.				
261.				
262. Subtotals (bring forward to line 263 on front				

Mortgagee's comments, if any

HUD's comments, if any

Single-Family Application for Insurance Benefits

Part D Support Document (Continuation 1)

300. FHA Case Number	301. Section of Act Code	302. Mortgagee's reference number (max. 15 digits)	303. Debenture Interest Rate	304. Date

305. Disbursements for HIP, taxes, ground rents and water rates (which were liens prior to mortgage), eviction costs and other disbursements not shown elsewhere. (Do not include penalties for late payment.) Only costs incurred between the dates in Items 8 and 10 of Part A are allowed.

Date Paid	Description	Amount Paid	Debenture Interest	Date Paid	Description	Amount Paid	Debenture Interest
				Enter on Line 111, Part B	Totals	$	

306. Attorney/Trustee Fees

Date Paid	Description	Amount Paid	Debenture Interest
	Attorney's fees		
	Trustee fees		
Enter on Line 112, Part B	Totals	$	

307. Foreclosure and/or acquisition, conveyance and other costs

Date Paid	Description	Amount Paid	Debenture Interest
Enter on Line 113, Part B	Totals	$	

308. Taxes on Deed

Date Paid	Type	to Mortgagee	to HUD	Amount Paid	Debenture Interest
	State				
	Other				
		Enter on Line 117, Part B	Totals	$	

309. Special Assessments (Do not use for Coinsurance, see Part E)

Date Paid	Date Lien Attached	Description	Amount Paid	Debenture Interest
Enter on Line 120, Part B		Totals	$	

310. Bankruptcy

Date Paid	Description	Amount Paid	Debenture Interest
Enter on Line 114, Part B	Totals	$	

311. Mortgage Insurance Premiums

Date Paid	Period Covered From	To	Amount Paid	Debenture Interest	Date Paid	Period Covered From	To	Amount Paid	Debenture Interest
					Enter on Line 122, Part B		Totals	$	

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Part E Support Document (Continuation 2)
Use this form when filing for Coinsurance or Nonconveyances

400. FHA Case Number	401. Section of Act Code	402. Mortgagee's reference number (max. 15 digits)	403. Debenture Interest Rate	404. Date

405. Overhead Costs
One Time Charge (not to exceed $40) $ ____________
No. of Months ______ x amount $ __________ = ____________
Enter on Line 125, Part B Total $ ____________

406. Amounts due from buyer at closing or at appraisal notice date for:
Taxes $ ____________
Water rates ____________
Special Assessments ____________
__________________________________ ____________
__________________________________ ____________
Enter on Line 127, Part B Total $ ____________

407. Amounts owed to buyer at closing or at appraisal notice date for:
Taxes $ ____________
Water rates ____________
Special Assessments ____________
__________________________________ ____________
__________________________________ ____________
Enter on Line 128, Part B Total $ ____________

408. Additional closing costs at settlement
Discount Points on FHA/VA Financing $ ____________
Sales Commission ____________
Recording Fees ____________
Servicing Charge ____________
Termite Report ____________
Title Insurance ____________
Appraisal ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
Enter on Line 129, Part B Total $ ____________

409. Appraisal Fee
__________________________________ $ ____________
__________________________________ ____________
__________________________________ ____________
Enter on Line 130, Part B Total $ ____________

410. Deficiency Judgment Costs/Fees
__________________________________ $ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
Enter on Line 131, Part B Total $ ____________

411. Reserved
__________________________________ $ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
Total $ ____________

412. Reserved
__________________________________ $ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
__________________________________ ____________
Total $ ____________

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