

Mortgagee's Application for Partial Settlement

Section 232

Payment Information in Support of Claim
Treasury Financial Communication System for
Mortgage Wiring Instructions

U.S. Department of Housing and Urban Development

Office of Residential
Care Facilities

OMB Approval No. 2502-0605
(exp. 11/30/2022)

Public reporting burden for this collection of information is estimated to average 0.25 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. The information is being collected to obtain the supportive documentation that must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. Response to this request for information is required in order to receive the benefits to be derived from the National Housing Act Section 232 Healthcare Facility Insurance Program. 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. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

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).

Instructions: Prepare this form immediately upon receipt and email TO:

Multifamilyclaimsbranch@hud.gov

or submit TO:

U.S. Department of Housing and Urban Development
Multifamily Claims Branch
451 7th Street, SW, HWAFCR
Washington, D. C. 20410 - 8000.

On the date the assignment or deed is filed for record, an email is to be sent to the Multifamily Claims branch.

Multifamilyclaimsbranch@hud.gov or faxed to (202) 619-8259, advising the date that the assignment or deed was filed for record. For assignments, the email or telefax must include the following information:

- "Assignment of mortgage for (name of Project),
Project No. _____ filed for record and endorsement of
hazard insurance policies accomplished on ____, 20__.
- (1) Date of default (except for Section 221(g)(4) mortgages)
 - (2) Unpaid principal balance
 - (3) Monthly amount due for principal and interest, taxes, hazard insurance, and reserve for replacement escrows (listed separately)
 - (4) Date and amount of last taxes due
 - (5) Due date of next taxes payable
 - (6) Escrow balances for taxes, hazard insurance, reserves for replacements, and mortgage insurance premiums
 - (7) Initial and final endorsement dates
 - (8) Date of commitment
 - (9) Your telefax number
 - (10) Mortgagor name, address and tax identification number
 - (11) Mortgagor type of entity (individual, partnership, corporation, etc.)
 - (12) Name and address of company managing the project
 - (13) Is the mortgage Bond Financed? ___ Yes ___ No
If yes, please state 'Bond Type _____ If the mortgage is bond financed, please follow the instructions above and Mortgage Letter 99-33.

- (14) A certification that the mortgagee or servicer has completed and submitted Form HUD 2537-ORCF, Mortgagee's Application for Partial Settlement, Form HUD 2747-ORCF, Mortgagee's Application for Insurance Benefits, and the Form HUD 1044-D-ORCF, Payment Information Form and a copy of the Debenture Lock Agreement, if any.

The following claims will be paid in cash unless the mortgagee presents a written request for debentures: Sections 220, 221 and 233 endorsed on or after July 7, 1961; 235(j)(1) Section 241 loans made in connection with any of the foregoing and endorsed on or after July 15, 1978; 236 and all other multifamily mortgages endorsed under another section of Titles II or XI pursuant to Section 223(e). All other multifamily [and healthcare] claims are settled by issuance of debentures.

For multifamily [and healthcare] mortgage assignments which are to be settled by issuance of debentures, all escrow deposits, reserves for replacement funds, undisbursed mortgage proceeds, any undisbursed balance under a letter of credit, and other monies held by the mortgagee for the account of the mortgagor must be remitted to HUD on the date the assignment is filed for record. The mortgagee will retain net income from operation of the project and receipts from any source after the date of default irrespective of whether the claim is settled in debentures or cash. For multifamily [and healthcare] property conveyances, and for all cash settlements, all funds are to be retained by the mortgagee, and the amount thereof will be deducted from the settlement.

If the mortgage has been finally endorsed for insurance, partial settlement of approximately 90% of the unpaid principal balance will be made on cash settlements upon receipt of the above telefax. If the project is not completed, the amount of the partial settlement will depend upon the extent of completion. The final settlement will be made after receipt of the fiscal data and the title requirements, which are to be submitted within 45 days after the assignment of the mortgage, or deed, was filed for record, or such further time as may be granted in writing.

1. Project Number CMS# (if applicable)	2. Name & Location of Project	3. Date of this Notice
4. Payment in Default (specify date, amount, & nature)		

5. Aggregate Cash Escrows on Hand at this Date (including Reserves for Replacement) \$	6. Unpaid Principal Balance \$	7. Undisbursed Mortgage Proceeds \$
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The undersigned hereby certifies and agrees that in the event HUD finds it necessary to reconvey the property or reassign the mortgage, the mortgagee will promptly reimburse HUD in full for the amount of the settlement without prejudice to the mortgagee's right to file an application for insurance benefits at a subsequent date. The undersigned further certifies that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

8. Mortgagee's Name, Address & Zip Code	9. Servicer's Name, Address & Zip Code
8a. Employer Identification Number	
10. Signature & Title of Mortgagee Official X	11. Signature & Title of Servicer Official X

Mortgagee/Servicer should retain 1 copy.