

Mortgagee Report of Special Escrow

Schedule E Sheet of

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

OMB Approval No. 2502-0418 (Exp. 07/31/2025)

Federal Housing Commissioner Public reporting burden for this collection of information is estimated to average 15 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.

The information is collected to obtain required fiscal data for the Department to pay insurance benefits. The information provides the Department with the necessary fiscal data to audit the claim submission and accurately compute insurance benefits owed to the lender. Payment of such benefits is cited in Statute 12 USC 1713(9) of the National Housing Act. The information requested does not lend itself to confidentiality.

Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000 or email: PaperworkReductionActOffice@hud.gov. Do not send completed forms to this address.

1. Mortgagee (Name and Address)		2. Project (Name and Address)	
3. Project Number		4. Date Mortgagee Assumed control of Project	5. Date Mortgagee Relinquished Control of Project

Instructions: Submit an original and 1 copy for each Project. Complete all items. All amounts actually controlled by you, as mortgagee, or your servicer, are to be reported. If no funds were held by you at any time for the type of escrows listed, enter an "X" in the space provided. Furnish authorizations for-all special escrow disbursements

Type of Escrow	Total Amount Received	Disbursements		Total Disbursed	Balance
		Date	Amount		
On-Site Escrow <input type="checkbox"/> None					
<input type="checkbox"/> None					
Completion Escrow <input type="checkbox"/> None					
Off-Site Escrow <input type="checkbox"/> None					
Mortgage Insurance Premium Refund \$	Payee or Other Disposition of Mortgage Insurance Premium Refund				
<input type="checkbox"/> None					
Residual Receipts <input type="checkbox"/> None	Balance on Hand \$				

Working Capital Deposits (Enter total amount received or place an "X" here) <input type="checkbox"/> None		Total Amount Received	
Show Disbursement detail and balance below.			
Purpose of each Disbursement		Date Disbursed	Amount Disbursed

Certification I/We, the undersigned, certify under penalty of perjury that the information provided on this form is true, accurate, and correct. 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, 1014; 31 U.S.C. §3729, 3802).		Total Disbursements Working Capital	\$
Date		Balance of Working Capital	\$

Send original and 1 copy to the: U.S. Department of Housing and Urban Development, HWAFCR, Room 6252 Multifamily Claims Branch, 451 7th Street, SW Washington, D.C. 20410- 8000