

Allocation of Mortgagee Receipts and Disbursements Schedule A 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)
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Public reporting burden for this collection of information is estimated to average 1.25 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. Send comments regarding this burden estimate or any other aspect of this collection of information on, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2502-0415), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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(g) of the National Housing Act. The information requested does not lend itself to confidentiality.

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).

1. Mortgagor (Name and Address)	2. Project (Name and Location)	3. Project Number
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4. Date Mortgagee Assumed Control of Project

	5. Date Mortgagee Relinquished Control of Project
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Mortgagee/Servicer should retain 1 copy.
Previous editions are obsolete

Send original and 1 copy to the:

Multifamily Claims Branch, HWAFCR, Room 6252
451 7th Street, SW
Washington, DC 20048-0002

form HUD-2744-A (12/09)
ref Handbook 4110.2

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