Mortgagee Report of Other Disbursements Schedule D * 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)

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 0MB 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.

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).

1010, 1012,	1014; 31 U.S.C. §3729, 3802).				·		
1. Mortgagee (Name and Address)				2. Project (Name and Location)			
3. Project Number			4. Date Mortgagee Assumed control of Project		5. Date Mortgagee Relinquished Control of Project		
Date**	te** Payee*** Comp		st of pletion nd Explanation ervation		Items Allo Foreclosure and/or Acquisition Costs	Reasonable Other	
(1)	(2)	(3)		(4)		(6)	(7)
	TOTALS						

^{*} Do not include mortgage proceeds or advances from escrow funds.