OMB Approval No. 2577-0200
(Expires XX/XX/20XX)

Office of Native American Programs

Section 184/184A Programs
Request for Loan Guarantee Fee Refund

1. Case Number

2. Property

2a. Street Address	2b. City	2c. State	2d. Zip Code

3. Holder

3a. Name

3b. Contact Last Name	3c. Contact First Name	3d. Phone Number	3e. Email
3f. Street Address	3g. City	3h. State	3i. Zip Code

4. Servicer

4a. Name

4b. Contact Last Name	4c. Contact First Name	4d. Phone Number	4e. Email
4f. Street Address	4g. City	4h. State	4i. Zip Code

5.Type of Refund Requested

5a. Upfront Loan Guarantee Fee	☐
5b. Annual Loan Guarantee Fee	☐

6. Refund Information

6a. Refund Requested Date	6b. Total Refund Requested	6c. Reason for the Refund
6d. Pay.gov Payment Date	6e. Amount Paid	6f. Pay.gov Tracking ID

7. Loan Information

7a. Cohort Number	7b. Loan Closing Date

OMB Approval No. 2577-0200
(Expires XX/XX/20XX)

Office of Native American Programs
Section 184/184A Programs
Request for Loan Guarantee Fee Refund

8. Servicer's Signature

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).

8a. Last Name	8b. First Name	8c. Title

8d. Signature	8e. Date

Burden Notice: This information is required for the U.S. Department of Housing and Urban Development (HUD) to determine whether an overpayment of the Loan Guarantee Fees occurred and, if overpayment did occur, the correct fund amount due to borrower under the Section 184 Indian Housing Loan Guarantee program and/or the Section 184A Native Hawaiian Housing Loan Guarantee program. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for 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, including suggestions to reduce this burden, to the Reports Management Officer, REE, 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. When providing comments, please refer to OMB Approval No. 2577-0200. HUD may not collect this information, and you are not required to complete this form, unless it displays a valid OMB control number. HUD is authorized to solicit the information requested in the form by virtue of Title 12, United States Code, Section 1715z-13a and 1715z-13b, and regulations promulgated thereunder at Title 24, Code of Federal Regulations, Parts 1005 and 1007. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.