

Fiscal Data in Support of
Claim for Multifamily Mortgage
Insurance Benefits

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 30 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(g) of the National Housing Act. The information requested does not lend itself to confidentiality.

1. Date this Form Prepared		2. Project No.		3. Project Name and Property Address					
4. Date to Which Interest Collected		5. Date of Default		6. Nature of Default		7. Date of Election to Assign or Convey			
8. Date and Method of Acquisition (if applicable) <input type="checkbox"/> Foreclosure <input type="checkbox"/> Deed in Lieu		9. Date Mortgage Assigned or Property Conveyed to the Secretary <input type="checkbox"/> Assigned <input type="checkbox"/> Conveyed		10. Date Receiver Appointed		11. Date Receiver Discharged (if applicable)		12. Employer Identification No. (if applicable)	

Section I. Mortgage Balance and Disbursements	a. Unpaid Principal Balance of the Mortgage at Date of Default			\$
	b. Unpaid Balance of Advances by Mortgagee, Other than Mortgage Proceeds for:			
	1. Mortgage Insurance Premiums		\$	
	2. Taxes, Ground Rents, Water Rates, etc. (Which are liens prior to the mortgage)		\$	
	3. Insurance on the Property		\$	\$
	c. Reasonable Expenses for Completion and Preservation of the Property			\$
d. Balance of the Principal Face Amount of the Mortgage Not Heretofore Advanced to, or for the Account of, the Mortgagor and Paid to HUD (Debenture Claim Only)			\$	
Total Mortgage Balance and Disbursements				\$

Escrow Fund and Deductions	e. Funds in Escrow at Date of Assignment or Conveyance for:			
	1. Mortgage Insurance Premiums		\$	
	2. Taxes, Ground Rents, Water Rates, etc.		\$	
	3. Hazard Insurance Premiums		\$	
	4. Reserve for Replacements		\$	
	5. Other		\$	
	Total in Escrow Fund		\$	
	f. Net Income Received from the Property from the date of default to the Date of Assignment or Conveyance:			
	1. Total Collections (Schedule B)		\$	
	2. Less: Operating Expenses (Schedule C)		\$	\$
g. Receipts from Other Sources after Default Date		\$		
h. One Per Cent (1%) of Item a., Above (Assignments only)		\$	\$	
Net Claim			\$	

Section II. Certificate of Claim	a. Foreclosure, Acquisition and Conveyance Cos			\$
	b. Reasonable Attorney's Fees Paid (Conveyances Only)			\$
	c. Amount Deducted Under Item h. of Section I			\$
	d. Other			\$
	Unadjusted Certificate of Claim			\$

The amount of unadjusted claim will be increased by mortgage interest computed from the date of last payment to the date the mortgage is assigned or the property is conveyed, less the amount of debenture interest paid by HUD from the date of default to the date of assignment.

Certification: "I/We, the undersigned, certify under penalty of perjury that the information provided above is true 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; 31 U.S.C. §3729, 3802)"

Name and Address of Mortgagee (Do not use A.D.P. rubber stamp)		Name and Address of Mortgagee's Servicer	
(Debentures if issued will be inscribed exactly as shown herein)			
Signature of Mortgagee Official or Servicer X		Title <input type="checkbox"/> Mortgagee Official <input type="checkbox"/> Servicer	

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

Previous editions are obsolete.

Mortgagee/Servicer
retain 1 copy

form HUD-2742 (12/09)
ref. Handbook 4110.2