## **Statement of Taxes**

## 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 conduct or sponsor, and a person is not required to respond to, a collection Street Address of Property Name and Mailing Address of Owner information unless that collection displays a valid OMB control number. HUD uses this information to update its records of the mortgagor's real estate taxes, the location (lot and block numbers) of the property, taxes due dates, and penalty dates. The information can be used to verify the last taxes paid during an audit for insurance benefits. This information is required by Statute 12 USC 1713(g) and Title II, Section 207(g) of the National Housing Act. City State County **Project Number** The debtors a protected by the Privacy Act of 1974. There is no sensitive information be Kind of Tax Tax Year **Date Tax Paid** Date(s) Payable Penalty Date(s) Official to Whom Payable in installments, indicate which installments have been paid. MM/DD/YYYY MM/DD/YYYY (Title and Address) or Assessment For Year Annual Amount How Paid? Quarterly Semi-Annually Annually Use this space to give complete information for each kind of tax and penalties which are charged for failure to pay bills before delinquent dates. If no bills are rendered, Property description describe fully the procedure to determine taxes of assessments charged against a property. Give all additional information obtainable regarding local tax rules and (as shown on assessment roll) regulations. Tax bills for each kind of tax, whether paid or unpaid, and tax receipts should be forwarded with this form. Date Certification:I certify that the information provided on this form and in any accompanying documentation is true and accurate. Warning: I acknowledge that making, presenting, or submitting a false, fi Signature of Attorney or other person acting for mortgagee ctitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including, fines, penalties, and imprisonment.

Send original and 1 copy to the:

U.S. Department of Housing and Urban Development

Use as many copies of this form as necessary.

Multifamily Claims Branch, HWAFRC, Room 6252 451 7th Street, SW Washington, D.C. 20410 - 8000

ref. Handbook 4110.2