

Request for Occupied Conveyance

U.S. Department of Housing
and Urban Development
Office of Housing - Federal Housing Commissioner

OMB Approval No. 2502-0429
(Expires 02/28/2027)

Public reporting burden for this collection of information is estimated to average .25 hours per mortgagee and .5 hours per occupant, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2502-0429. HUD may not collect this information, and you are not required to complete this form, unless it displays the currently valid OMB control number. Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect this information by 24 CFR 203.675(b)(3). Section 165 of the Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires persons applying for assistance under HUD programs to furnish his or her Social Security Number (SSN). The information will enable HUD to determine whether you qualify as a tenant to maintain tenant rental accounts, and will provide the basis for facilitating the management and administration of the property disposition program. The information will be released to the local real estate broker who manages the property to facilitate property management. The information may be used to facilitate collection of overdue rents and may be released to collection agencies, consumer reporting and commercial credit agencies, and attorneys hired by the Department. It may also be released to appropriate Federal, State, and local agencies to facilitate collection of rent and, when relevant, to civil, criminal, or regulatory investigations or prosecutions. The information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Giving the SSN is mandatory; failure to provide the SSN will affect your eligibility in the program. Failure to provide the requested information may result in a delay or rejection of your request to remain as an occupant. **This form does not supersede the Mortgagee's and/or Servicer's required compliance to the Protecting Tenants at Foreclosure Act (PTFA).** This form must be completed by the Occupant(s). When completed send to HUD's Mortgagee Compliance Manager (MCM). Contact information of HUD's current MCM can be found at: https://www.hud.gov/program_offices/housing/sfh/nsc/mcm or you can call 1-800-Call-FHA or 1-800-225-5342.

Property Address:	Unit No.:
-------------------	-----------

City, State & Zip Code:

Name of Mortgage Company (Lender):	Mortgage Loan No.:	FHA Case No.:
------------------------------------	--------------------	---------------

To Whom It May Concern:

I(We) desire to continue in occupancy as a tenant of this property if acquired by HUD. I(We) have lived in this property since _____ **(please insert date)**. I(We) will sign a month-to-month lease and pay one month's rent within 15 days of the lease being presented to me(us). I(We) believe that I(we) can afford to make monthly rental payments. In my(our) opinion, this property, in its present condition is structurally sound, free from health and safety hazards, and is otherwise habitable.

You may contact me(us) for arranging a convenient time for HUD's required inspection at the following telephone number _____ or my(our) representative at _____.

(HUD must be able to make contact during normal working hours.)

I(We) understand that HUD's approval of my(our) request will, in part, be based on my(our) ability to make monthly rental payments.

To assist HUD in making its determination, I(we) submit the following information concerning my(our) income:

Occupant's Name :	Occupation :		Gross Pay Per Month \$
Employer's Name and Address :			Employer's Telephone No.
Spouse's Name :	Occupation :		Gross Pay Per Month \$
Employer's Name and Address :			Employer's Telephone No.

Names of all Other Household Members 6 yrs. or older:

Other Family Income (explain):	Other Sources of Income (if any):
--------------------------------	-----------------------------------

Obligations (list all obligations including car loans, installment payments, and credit cards)

Creditor's Name	Address (include city, State, & zip code):	Present Balance	Monthly Payment
		\$	\$

You have my(our) permission to contact any of the above for verification purposes.

Occupant's Signature :	Spouse's Signature :	Date :
------------------------	----------------------	--------

X

X

reference Handbook 4000.1

form **HUD-9539**
(10/2023)