

Single Family Acquired Asset
Management System (SAMS)

Define Lessees/Lease

See Instructions on back before completing this form.

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

OMB Control No. 2502-0306

Expires 01/31/2027

I. DSAE or GBIN Screen: First Lessee's TIN or SSN and Name (Items 1 - 3)

1. Check one: <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	2. First Lessee's TIN/SSN:	3. First Lessee's Name: (Last, First, MI)
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II. GBNA Screen: Lessee's Address and Employer (Items 4 - 21)

4. HOC Area Identifier	5. HOC Area Name	6. Payee Type: LE	7. First Lessee's NAID:
8. First Lessee's Address: (Number & Street, City, State, County and Zip Code + 4)			9. Home Phone: (Area Code)
			10. Work Phone: (Area Code)
11. Employer's Business Name:			12. Employer's Phone: (Area Code)
13. Employer's Business Address: (Number & Street, City, State and Zip Code + 4)			
14. Second Lessee's Name (Last, First, MI) (Not entered into SAMS)			15. Second Lessee's TIN/SSN:
			16. Home Phone: (Area Code)
17. Second Lessee's Address (Number & Street, City, State, County and Zip Code + 4)			18. Work Phone (Area Code)
19. Employer's Business Name:			20. Employer's Business Address: (Number & Street, City, State and Zip Code + 4)
21. Employer's Phone: (Area Code)			

III. TMLE Screen: Lease Information (Items 22 - 42)

22. Case Number:	23. Unit Sequence Number:	24. Unit Number:			
25. M & M's NAID:	26. M & M's Business Name				
27. Lease Number:	28. Lease Type:	29. Lease Reason Code:	30. Lease Effective Date:	31. Lease Expiration Date:	32. Lease Termination Date:
33. Rent Amount:	34. Rent Per: (Check one) <input type="checkbox"/> Month <input type="checkbox"/> Year	35. Daily Rent Amount:	36. Number of Option Renewal Years:	37. Eviction Reason Type:	
38. Liability Insurance Expiration Date:	39. Is Work-Out Agreement in Effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	40. Amount of Work-Out:	41. Eff. Date of Work-Out:	42. Exp. Date of Work-Out:	

43. Comments:

44. Preparer's Signature X	45. Title	46. Date (mm/dd/yy)	47. Phone (area code)
48. Reviewer's Signature X	49. Title	50. Date (mm/dd/yy)	51. Phone (area code)
52. Approver's Signature (HOC Director or Designee) X	53. Title	54. Date (mm/dd/yy)	55. Phone (area code)

Previous edition is obsolete

Public reporting burden for this collection of information is estimated to average 18 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. 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. 2502-0306. 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. This information enables HUD to record and process financial transactions in its automated Single Family Acquired Asset Management System (SAMS) to dispose of acquired single-family properties. HUD reimburses M & M Contractors, closing agents, selling brokers, and trade vendors for their services in maintaining, marketing, and selling HUD homes, and HUD collects funds associated with the sales of these properties. The information enables HUD to create and maintain sound financial management practices and effective internal controls over the property disposition program. A response is required to obtain or maintain a benefit. Responses will not be held confidential.

Privacy Act Statement. The Department of Housing & Urban Development (HUD) is authorized to collect the information on this form by the U.S. Housing Act of 1937, as amended. The Housing & Community Development Act of 1987, 42 U.S.C. 3543, authorizes HUD to collect Social Security Numbers (SSN). The information is being used to indicate changes in the rental status of the property and to track tenant payment responsibility. The SSN is used as a unique identifier. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Providing the SSN is mandatory. Failure to provide the information could result in leasehold termination and/or eviction of tenant(s).

Instructions for Completing Form SAMS-1101 Please use typewriter or print in ink.

- 1.. **Check One:** Indicate whether lessee information is being added, modified, or deleted.
2. **First Lessee's TIN/SSN:** Enter the Federal Tax ID Number or Social Security Number of the lessee, if available. Every effort should be made to obtain Social Security or Tax Identification Numbers for all lessees, as the TIN/SSN is a key data element in SAMS.
3. **First Lessee's Name:** Enter the full name of the lessee. For a second lessee use lines 14 to 21. For three or more lessees attach additional SAMS-1101(s).
4. **HOC Area Code:** Enter the HOC Area code.
5. **HOC Name:** Enter the HOC name.
6. **Payee Type(s):** The payee type is preprinted on the form.
7. **First Lessee's NAID:** Enter the lessee's Name/Address Identifier (NAID).
8. **First Lessee's Address:** Enter the complete mailing address of the lessee.
9. **Home Phone:** Enter the home phone number of the lessee (including area code), if available.
10. **Work Phone:** Enter the office phone number of the lessee, if available.
11. **Employer's Business Name:** Enter the name of the lessee's employer, if available.
12. **Employer's Phone:** Enter the employer's phone number, if available.
13. **Employer's Business Address:** Enter the employer's address, if available.
14. **Second Lessee's Name:** Enter the full name of the second lessee.
15. **Second Lessee's TIN/SSN:** Enter the Tax ID Number or Social Security Number of the lessee, if available. Every effort should be made to obtain Social Security or Tax Identification Numbers for all lessees, as the TIN/SSN is a key data element in SAMS.
16. **Home Phone:** Enter the home phone number of the lessee (including area code), if available.
17. **Second Lessee's Address:** Enter the complete mailing address of the second lessee, if different than the address of the HUD-owned property.
18. **Work Phone:** Enter the office phone number of the lessee, if available.
19. **Employer's Business Name:** Enter the name of the second lessee's employer, if available.
20. **Employer's Business Address:** Enter the employer's address, if available.
21. **Employer's Phone:** Enter the employer's phone number, if available.
22. **Case Number:** Enter the case number
23. **Unit Sequence Number:** Enter the unit sequence number.
24. **Unit Number:** Enter the unit number, if applicable.
25. **M & M's NAID:** Enter the M & M's NAID.
26. **M & M's Business Name:** Enter the M & M's Business name.
27. **Lease Number:** Enter the lease number.
28. **Lease Type:** Enter the lease type from the following:

AP Adverse Possession	OC Occupied Conveyance
HA Public Housing Authority	RR Regular Rental
HH Housing for Homeless	SH Supportive Housing
LO Lease-Option to Buy	
29. **Lease Reason Code:** Enter the reason for the lease from the following:

CD Closing Delay	MI Military
DV Disaster Victim	MU Multi-Unit Property
IE Inventory Exceeds Market	PV Prevent Vandalism
IL Illness or Injury	RP Renting to Purchase
30. **Lease Effective Date:** Enter the effective date of the lease.
31. **Lease Expiration Date:** Enter the expiration date of the lease. The lease expiration date is the last day of the lease period. The expiration date for month-to-month leases is the last day of the month in which the lease became effective.
32. **Lease Termination Date:** Enter the last day the lessee is legally responsible for the terms of the lease.
33. **Rent Amount:** Enter the dollar amount of the rent assessment.
34. **Rent Per:** Check the type of rent assessment: monthly or annual.
39. **Is Work-Out Agreement in Effect?:** Check "Yes" if a work-out agreement is in effect.
40. **Amount of Work-Out:** Enter the dollar amount of the work-out agreement for delinquent rent, if applicable.
41. **Effective Date of Work-Out:** Enter the date the work-out agreement began.
42. **Expiration Date of the Work-Out:** Enter the expiration date of the work-out agreement.
43. **Comments:** Enter a brief description of the lease, if desired.
- 44.-47. **Preparer's Signature:** Enter legible signature, title, phone number, and date signed.
- 48.-51. **Reviewer's Signature:** Enter legible signature, title, date signed, and phone number.
- 52.-55. **Approver's Signature:** Enter legible signature, title, date signed, and phone number.