

Single Family Acquired Asset  
Management System (SAMS)  
**Payee Name and Address**

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

OMB Control No. 2502-0306  
Expires 01/31/2027

Instructions: See Instructions on back for required attachments. Send completed form to HUD HOC, Attention: Director, Homeownership Center

**I. Type of Application: (Items 1a - d)**

1a. ☐ Add New Payee 1b. ☐ Modify Existing Payee 1c. ☐ Add New NAID to Existing Payee 1d. ☐ Real Estate Broker Recertification  
(Complete #'s 2 or 3 - 20) (Complete #'s 4, 17-20 & any changes) (Complete #'s 4, 9, 10, 14 & 17-20) (Complete #'s 4 & 17-20)

**II. Payee's Information: (Item 2 or 3 through 20)**

Enter Either Payee's EIN and Business Name or SSN and Individual Name, NOT BOTH (Items 2 - 3)

\*1099 information to be forwarded to IRS under EIN/SSN and name shown in Item 2 or 3, and address shown in Item 8. Item 2 or 3 must match IRS documentation.

*2a. EIN	*2b. Business Name for EIN in 2a.	2c. Principal Broker's Name (if applicable)	
*3a. SSN	*3b. Individual Name for SSN in 3a. (Last, First, MI)		
4. Payee's NAID (if existing payee)	5. HOC Area Identifier	6. Payee Type(s)	7. Business Phone Number (Area Code)

8. Business Address (include City, State, and Zip Code + 4)		<b>Remittance Name and Address (DBA)</b> (Only if different from Business/Individual Name and Address) 9. Name 10. Address (include City, State, and Zip Code + 4)	
11. Minority-owned? If Yes, check type <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Black American (BL) <input type="checkbox"/> Asian Indian American (AI) <input type="checkbox"/> Asian Pacific American (AP) <input type="checkbox"/> Native American (NA) <input type="checkbox"/> Hispanic American (HI) <input type="checkbox"/> Hasidic Jewish American (HS)		14. Name of Contact Person E-mail	
12. Small Business Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Woman Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone (Area Code) Fax (Area Code)	
15. Name(s) of Owner(s)/Principal(s)		16. Family/External Business Relationship to HUD/M&M Contract employees? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, attach an explanation.)	
17. Preparer's Signature X	18. Title	19. Date (mm/dd/yyyy)	20. Phone (Area Code)

**For HUD Use Only (Items 21 - 29)** Do not send any attachments other than form SF-3881 to SAMS Service Contractor.  
The HOC must take whatever measures it deems appropriate to verify that the prospective payee is a legitimate entity prior to approving this form. The HOC may require any documents it deems appropriate to maintain sound internal controls over the establishment of payees in SAMS.

21. Reviewer's Signature (Supervisory M&M Contractor/ M&M COR/Closing Agent COR or Designee)	22. Title	23. Date (mm/dd/yyyy)	24. Phone (Area Code)
25. Real Estate Broker's Recertification Date	26. Approved for HOC Area(s):		

**Attach ACH Vendor/Miscellaneous Payment Enrollment Form (SF-3881) for Payee Types AP\*\*, CA, HA, NP\*\*, PM, and TS.**

27. <input type="checkbox"/> **Since our office does not intend to make payments to the subject vendor at this time, we have not included a form SF-3881 to enroll the vendor in the Electronic Funds Transfer Program. Should this situation change and it become necessary to make payments to this vendor, our office will immediately submit a completed form SF-3881 to the SAMS Service Contractor for processing.	29. Date of Approval/Submission to Service Contractor (mm/dd/yyyy)
28. Approver's Signature (HOC Director or Designee) X	

**Public reporting burden** for this collection of information is estimated to average 12 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. **Send comments** regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Office of Management and Budget, Paperwork Project Director (0418-0182) and/or the Office of Management and Budget, Paperwork Project Director (0418-0182).

## Instructions for Completing Form SAMS-1111

**Preparer:** Complete Items 1 and 2 or 3, and 7 thru 20 legibly in ink or type.

**HUD Office Staff:** Complete Items 4 thru 6, and 21 thru 29 legibly in ink or type. Sign Items 21 and 28 in ink.

- 1a. **Add New Payee:** Check if new payee and complete items 2 or 3 through 20.
- 1b. **Modify Existing Payee:** Check if modifying information for an existing payee. Items 4 and 17 - 20 and any changes must be completed.
- 1c. **Add New NAID for Existing Payee:** Check if linking a new NAID to an existing payee. Items 4, 9, 10 & 17-20 must be completed.
- 1d. **Real Estate Broker Recertification:** Check if recertifying real estate broker. Items 4 & 17-20 must be completed.
- 2a. **EIN:** Enter the Employer Identification Number for the business.
- 2b. **Business Name:** Enter the name of the business as it should appear on checks or IRS form 1099-Misc.
- 2c. **Principal Broker's Name:** Enter the name of the principal broker as it should appear on checks or IRS Form 1099-Misc.
- 3a. **SSN:** Enter the individual's Social Security Number.
- 3b. **Individual Name:** Enter the name of the individual as it should appear on checks and IRS Form 1099-Misc.
4. **For HUD Use Only. Payee's NAID:** Enter the Name/Address Identifier(NAID) if existing payee.
5. **For HUD Use Only.** Enter the HOC Area Identifier (e.g., PA for Philadelphia Area A).
6. **For HUD Use Only. Payee Type:** Enter type code from below:  

AP=Appraiser	NP=Nonprofit organization
CA=Closing Agent	PM=M&M Contractor
GT=Local/State Government	SB=Selling Broker
HA =Homeowner Association	TS=Trade/Service Vendor
NB =Non-Business/Refund	
7. **Business Phone Number:** Enter the area code and telephone number.
8. **Business Address:** Enter complete mailing address of the company or individual named in item 2b or 3b above.
- 9 - 10. **Remittance Name and Address:** Enter the Name and Address for remittance of compensation only if different from Business/Individual Name and Address. This is typically the Doing Business As (DBA) Name.
11. **Minority-owned?:** Check "Yes" if the company is minority-owned. Check "No" if not. If yes, check the appropriate minority code for the business. Check only one type.
12. **Small Business Owned?:** Check "Yes" if the company qualifies as a small business. Check "No" if not.

13. **Woman Owned?:** Check "Yes" if the company qualifies as a woman owned business. Check "No" if not.
  14. **Contact Person:** Enter the name, telephone number, fax number, and email address of the contact person.
  15. **Names of Owners/Principals:** Enter the name(s) of the company's owner(s) or principal(s). Continue on separate page if necessary.
  16. **Related Parties:** Enter "Yes" if the payee has either a family relationship or an external business relationship with any HUD/M&M Contract employee. Attach explanation. Enter "No" if no such relationship exists.
  - 17 - 20. **Preparer's Signature:** Enter legible signature, title, date, and phone number of person completing this form.
- For HUD Use Only.**
- 21 - 24. **Reviewer's Signature:** Enter legible signature, title, date, and phone number of individual reviewing the form.
  25. **Real Estate Broker's Recertification Date:** Date of next scheduled recertification by HUD Office. Enter month and year.
  26. **Approved for HOC Areas.** Enter the HOC area(s) in which the Payee is approved for work.
  27. Check if vendor will never receive a payment from HUD.
  - 28 - 29. **Approver's Signature:** Enter legible signature of the HOC Director or designee approving form and date form is approved and submitted to the Service Contractor.

**Note:** 48 CFR 2426 sets forth the Department of Housing and Urban Development's policy to promote Minority Business Enterprise participation in its procurement program. Executive Orders 11625 and 12432 require monitoring and evaluation of performance and reporting to Congress and the President. While completion of this data is not mandatory, we strongly encourage your cooperation. This data will be used only for reporting purposes. A minority business enterprise is a business which is at least 51 percent owned by one or more minority group members; or, in case of a publicly-owned business, one in which at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily business operations are controlled by one or more such individuals. For this purpose, minority group members are those identified on the face of this form.

**Attachments that must accompany this form to establish a new payee. When modifying an existing payee, attach applicable documentation relating to modification, e.g., change of banking institution, attach new Form SF-3881.**

	Payee Type								
	AP	CA	GT	HA	NB	NP	PM	SB	TS
<b>For All Payees:</b> Internal Revenue Service (IRS) documentation showing Business Name/Individual Name and Tax Identification Number (TIN). Examples include IRS Form 147C, Tax Return with preprinted label, IRS payment coupon. State issued forms are not acceptable.	√	√	√	√	√	√	√	√	√
<b>In addition, for Payees not under formal contract with HUD:</b>									
Copy of Driver's License	√	√					√	√	√
Copy of first page of a recent telephone bill, utility bill, or bank statement	√	√					√	√	√
Copy of Local or State business license for payee's trade, if applicable	√	√					√		√
Copy of State Real Estate Broker's license								√	
Completed Form SF-3881, ACH Vendor/Misc. Payment Enrollment Form	√*	√		√		√*	√		√
Completed Form SAMS-1111A, Real Estate Broker Certification								√	
IRS Ruling/Determination Letter						√**			
<b>In addition, for Payees under formal contract with HUD:</b>									
Copy of first page of your signed contract with HUD	√	√					√		√
Copy of first page of a recent telephone bill, utility bill, or bank statement	√	√					√		√
* If the HOC Area Office does not intend to make payments to the vendor, check box in Item 27 and do not include Form SF-3881.									
** If nonprofit organization cannot show proof of tax-exempt status, the payee type must be listed as TS.									