

# Amortization Schedule Request (Multifamily Mortgage)

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

**Instructions:** Submit original and one copy to Director, Mortgage Insurance Accounting and Servicing, OFA, Washington, D.C., 20410, Attn: Multifamily Insurance Section, immediately after final endorsement of the credit instrument. This form must be accompanied by copies of (1) the mortgage instruments (including any modifications thereof), (2) form FHA-2580, Maximum Insurable Mortgage and (3) either form HUD-2023, Request for Final Endorsement of Credit Instrument or form FHA-2455, Request For Endorsement of Credit Instrument-Certificate of Mortgagee and Mortgagor. Exercise extreme care in preparing this form so that incorrect schedules will not be prepared. You must give consideration to reduction of the insured amount at final endorsement caused by change orders, advance amortization requirements, cost certification, etc. Give special attention to those mortgages which have been modified or consolidated as the mortgage pattern as amended must be shown below.  
**Special Note:** The preparation and submission of this form should not be delayed pending the final assembly and transmittal of the Washington Docket. However, this form and attachments need not be submitted when there will be no delay in forwarding the Washington Docket.

Date	Project Number	Section of Act
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Mortgagor (Borrower) Name and Address	Mortgagee (Lender) Name and Address
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1. Total Amount Insured at Date of Final Endorsement \$	2. Premium Rate %	3. Interest Rate %
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4. Type of Amortization Payment (Check appropriate payment plan) <input type="checkbox"/> (a) Level Annuity Monthly	<input type="checkbox"/> (b) Level Principal Monthly
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<input type="checkbox"/> (c) Accelerating Curtail Declining Annuity \$	Acceleration Factor
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<input type="checkbox"/> (d) Combination Declining Annuity	Acceleration Factor Thru Payment No. %	Thereafter %
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5. First Principal Payment Date	6. Maturity Date  (Years) (Months)
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7. Amortization Period  and	Total Number of Payments
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8. Endorsement Dates—Initial	Final
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**I certify that I have reviewed the original credit instruments and any approved modifications or consolidations thereof for this project, and that the above information is complete and correct.**

Field Office	Signature of Manager or Supervisor
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**For OFA's Use Only (Data Processing Methods Section)**

Date	No. of Sets	1st Ann. Prem.	Computed By
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