

Mortgagee's Report of Net Sales Proceeds - Schedule F

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

OMB Approval No. 2502-0420
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See Public Burden and Privacy Act statements on back

See HUD Handbook 4566.2 for instructions on how to prepare this and Schedules A through F. Send original and two copies of the Schedules, along with all required supporting documentation to the The U.S. Department of Housing & Urban Development, Assistant Secretary for Housing, Office of Mortgage Insurance and Accounting, HPMPO, Washington D.C. 20410-8000.

1. Coinsuring Lender's Name	2. Coinsuring Lender's Mortgagee Number
3. Project Name	4. FHA Project Number

5. Appraisal 1	Part I Complete if Project has been sold
5a. Appraised Value \$	A. Sales Price/Appraised Value (If the project was sold by negotiated sale, enter the highest of the amounts in items 5a, 6a, or 7. If the project was sold by competitive bid, enter the amount in item 7.) A. \$
5b. Appraiser's Name	B. Additions (Amounts due from buyer at closing)
5c. Appraiser's Address	Taxes \$
5d. Date Appraisal Performed	Insurance \$
MM DD YYYY	Water and Sewer \$
	Ground Rents \$
	Other Operating Expenses (describe)
	\$
	\$
	\$
	Total Additions B. \$
6. Appraisal 2	C. Deductions (Amounts due to buyer at closing)
6a. Appraised Value \$	Prepaid Rents (Schedule B, Column 8) \$
6b. Appraiser's Name	Taxes \$
6c. Appraiser's Address	Insurance \$
6d. Date Appraisal Performed	Water and Sewer \$
MM DD YYYY	Ground Rents \$
	Other Operating Expenses (describe)
	\$
	\$
	\$
	Total Deductions C. \$
7. Contract Sales Price	D. Net Sales Proceeds (Line A plus Line B minus Line C) D. \$

8. Method of Disposition	Part II Complete if Project has Not been sold
<input type="checkbox"/> Negotiated Sale	A. Appraised Value (Enter the higher of the amounts in items 5a or 6a) A. \$
<input type="checkbox"/> Competitive Bid	B. Deductions (Prorate unpaid expenses to date 12 months after acquisition date)
<input type="checkbox"/> Project Not Sold	Prepaid Rents (Schedule B, Column 8) \$
	Taxes \$
	Insurance \$
	Water and Sewer \$
	Ground Rents \$
	Other Operating Expenses (describe)
	\$
	\$
	\$
	Total Deductions B. \$
	C. Net Sales Proceeds (Line A minus Line B) C. \$

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Public reporting burden for this collection of information is estimated to average 0.25 hours 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 collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The information is collected in the event of default of a multifamily mortgage. In this event, the mortgagee is entitled to receive benefits under the coinsurance coverage prescribed in Sections 255.815 through 255.828 of the CFR. To receive these benefits the mortgagee must submit the information to allow HUD to determine the claim amount due the mortgagee. This information is required under Statue 12 USC 1715z-9 and Title II, Section 244 of the National Housing Act.

Privacy Act Statement. The information collected is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.