

[Empty box]

4330.1 REV-5

APPENDIX 6

Single Family Application for Insurance Benefits

U.S. Department of Housing and Urban Development Office of Finance and Accounting



OMB No. 2535-0092

Read: Write numeric 0210 where indicated (10 MM-DD-YY)

1. Class type

01-Conveyance       02-Assignment       03-Automatic Assignment       04-Conveyance       05-Apprentice       Other See INSTRUCTIONS

2. Section of Act cited

3. Federal statute cited (if any)

4. Appropriation code (from HUD)

5. State name preferred

7. Date date of first payment to proceed and interest

8. Date date due complete installment paid

9. Date of completion and expiration of insurance term

10. Date date of assignment filed for record or date of recording or recording

11. Date completion proceedings  
 A. Preceded     B. Date of class in file

12. Existing mortgage number (10 digits)

13. Existing mortgage number (10 digits)

14. Mortgage address number (maximum of 15 digits)

15. Original mortgage amount

16. Existing mortgage (E.R.) (1 digit)

17. Interest rate (percent) as of date of class (E.R.) (100ths of 1 percent)

18. Date of first disbursement

19. Act, date of extension to beneficiary date

20. Date of extension Act, in action

21. Date of receipt of beneficiary if extension

22. Is property subject  
 Yes     No

23. Is there an in rem date of final HUD office action

24. Is property covered mortgage?  
 Yes     No

25. Is this in rem date of a prior HUD office action covered in 26L379 (a)

26. Contribution (amount in 26L379 (b))

27. Reason for extension of date

28. Type of interest     Tenure     Under Extension (Continuation use only)     Fee     Damage (26L379)     Pledge     Contribution

29. Is mortgage assigned interest?  
 Yes     No

30. Assessed (1 digit)

31. Assessed (1 digit)

32. Schedule of tax amortization

Tax year	Type of tax or deduction	Collector's priority identification	Assessed base	Phase	To	Base year

33. Mortgagee's name and address address

34. Title legal description of property

Warranty: The undersigned agrees that in the event of damage to the realty as otherwise provided in section 2003.7(b) of the HUD regulations; flood, earthquake, tornado, or other extension, if applicable, the Secretary may deduct from the settlement to be made to the mortgagee an amount computed in accordance with the applicable HUD regulations. The undersigned further agrees: (1) that in the event the Secretary finds it necessary to recover the above described property to the mortgagee, because of the mortgagee's noncompliance with HUD regulations, the mortgagee shall reimburse the Secretary for any settlement made in cash and/or cash and for all disbursements, including those for repairs and rehabilitation of the property made by the Secretary; (2) that if a mortgagee does not comply with HUD regulations, the mortgagee remains responsible for the property and any loss or damage thereof, notwithstanding the filing of the deed to the Secretary for record, and such responsibility is retained by the mortgagee until HUD regulations have been fully complied with 2003.79. Warning: If you, as a mortgagee, provide severe penalties for any fraud, intentional misrepresentation, or criminal conviction or conspiracy purposed to influence the payment or advancement of any claim or benefit by the Federal government.

35. Signing date: The undersigned certifies that the statements and information contained herein (true and correct) are true and correct.

36. Name and address of mortgagee (include ZIP code)

37. Name and address of mortgagee's contact (include ZIP code)

38. Mortgagee office representative date and city (Signature not necessary if signed by Secretary)

39. Secretary signature date and city



APPENDIX 6

Continuation of Order Form			
A. Amount of quantity ordered by 1. This order	B. Terms	C. Payment reference	D. Quantity of quantity
E. Description of item, make and size	F. Government/contract description and quantity ordered	G. Date and quantity of receipt of contract	H. Quantity of items used
Description of Delivery Order			
<input type="checkbox"/> 1. Description of item, make and size		I. Date received of contract	J. Date received of contract
<input type="checkbox"/> 2. Description of item, make and size		I. Date received of contract	J. Date received of contract
<input type="checkbox"/> 3. Description of item, make and size		I. Date received of contract	J. Date received of contract
<input type="checkbox"/> 4. Description of item, make and size		I. Date received of contract	J. Date received of contract
<input type="checkbox"/> 5. Description of item, make and size		I. Date received of contract	J. Date received of contract

Part A Continuation

Part A Continuation



### Single Family Application for Insurance Benefits

#### Fiscal Data

101 Mortgage's name and property address		104 FHA case number	105 Section of the case
		106 Borrower's Federal number - (maximum of 15 digits)	107 Date form prepared
		108 Est. date to receive the proceeds of application	109 Check if <input type="checkbox"/> <input type="checkbox"/>

Line Number	Description	Column A Deductions	Column B Additions	Column C Interest
107	Adjusted loan balance (if different from block 17 on Part A)			
108	Sale/bid or appraisal value (for Coinsurance or Noncoinsurance)			
109	Escrow Balance (as of date in block 10, Part A)			
110	Total disbursements for protection and preservation from Line 294, Part C			
111	Total disbursements from Line 305, Part D			
112	Attorney/Trustee fees paid from Line 306, Part D			
113	Foreclosure, acquisition, conveyance and other costs from Line 307, Part D			
114	Bankruptcy Fee (if applicable) from Line 310, Part D			
115	Rental Income			
116	Rental Expense			
117	Total taxes on deed from Line 308, Part D			
118	Recovery of damage (if not reported on Part A Use Line 119 if reported on Part A)			
119	Estimate of recovery from Part A			
	Less total of insurance recovery			
	Adjusted amount:			
120	Special assessments (DO NOT USE FOR COINSURANCE) from Line 309, Part D			
121	Mortgage note interest (interest, premiums and other associated payments and fees)			
122	Mortgage Insurance Premiums from Line 311, Part D			
123				
124				
<b>Coinsurance or Noncoinsurance Only</b>				
125	Overhead cost from Line 405, Part E			
126	Uncollected interest (Approved Forbearance Agreements Only)			
127	Amount due from buyer at closing or at appraisal notice date (from Line 408, Part E)			
128	Amount owed to buyer at closing or at appraisal notice date (from Line 409, Part E)			
129	Additional closing costs (from Line 408, Part E)			
130				
131				
132				
133	Current notes and telephone number: Existing mortgages	134	135	136
		\$	\$	\$
Cash on hand and telephone number: Existing mortgages		137 Net cash amount (column B - A + C) \$		

**Certification:** The undersigned certifies that the amounts listed above represent all the expenses actually paid by or on behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, assignment, operation, protection, or preservation of the property identified by the above FHA case number and that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish receipts/invoices for any amounts shown above.

**Warning:** "Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal conspiracy or conspiracy subverted to influence the payment or allowance of any claim or benefit by the Federal government."

138. Mortgagee's name, date and title (signature not necessary if agent or borrower)	139. Borrower's name, date and title
--	--------------------------------------

Original - Mail to: Department of Housing and Urban Development, Office of Single-Family Claims Division, PO Box 73886, Washington, D.C. 20086

Single Family Application for Insurance Benefits

Support Document

201 Mortgage # name and property address		202 FHA case number	203 Section of the state
		204 Mortgage # or service number (six digits or 13 digits)	
		205 Date (month 1st Part B)	206 Discounted interest rate

Disbursements for protection and preservation (Use Reverse for Continuation)

Item	Date Work Completed	Description of Service Performed	\$ Amount Paid	\$ Disbursement
206				
207				
208				
209				
210				
211				
212				
213				
214				
215				
216				
217				
218				
219				
220				
221				
222				
223				
224				
225				
226				
227				
228				
229				
230				
231				

232 Subtotal brought forward from Line 229 on Reverse

233 Total amount paid and interest on Line 116, Part B

234 Certification: The undersigned certifies that the amounts listed above represent all the expenses actually paid by or on behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, operation or preservation of the property identified by the above FHA case number and that the information shown above is true and correct and that the undersigned agrees that upon request of HUD it will furnish receipts or invoices for any amounts shown above.

Warning: "Federal Statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy intended to influence the payment or allowance of any claim or benefit by the Federal government."

235. Contact lending mortgage, name and phone number	236. Contact lending mortgage, name and phone number
237. Mortgage Officer signature, date and title and necessary if signed by agent	238. Lender signature, date and title

Original - Lender HUD Office



Single Family Application  
for Insurance Benefits

Support Document  
(Continuation 1)

305 First case number - See right of title		301 Section of Act case		302 Mortgage & recorded notice (Maximum of 12 copies)		303 Documents entered fee		304 Date (From this Part B)	
305 Debts for MIP, taxes, ground rent and water rates (which were paid prior to mortgage), eviction costs and other disbursements not shown elsewhere. (Do not include penalties for late payment.) Only debts incurred between the dates in blocks 8 and 18 are allowed.									
Date Paid	Description	Amount Paid	Debit/Amount Received	Date Paid	Description	Amount Paid	Debit/Amount Received		
Enter on Line 111, Part B				Totals \$					
306 Attorney/Trustee Fees									
Date Paid	Description	Amount Paid	Debit/Amount Received	307 Furniture and/or acquisition, conveyance and other costs					
	Attorney's fees			Date Paid	Description	Amount Paid	Debit/Amount Received		
Enter on Line 112, Part B				Totals \$					
308 Taxes on deed									
Date Paid	Type	In Mortgage	In HUD	Amount Paid	Debit/Amount Received				
	State								
	Other								
Enter on Line 117, Part B				Totals \$					
309 Special mortgages (Do not use for Conveyance, see part E)									
Date Paid	See Line Addressed	Description	Amount Paid	Debit/Amount Received	310 Bankruptcy				
					Date Paid	Description	Amount Paid	Debit/Amount Received	
						Fee			
						Fee			
Enter on Line 120, Part B				Totals \$					
311 Mortgage insurance premiums									
Date Paid	Premium Covered	Amount Paid	Debit/Amount Received	Date Paid	Premium Covered	Amount Paid	Debit/Amount Received		
Original - Local HUD Office				Enter on Line 122, Part B					
				Totals \$					



### Single Family Application for Insurance Benefits

Support Document  
(Continuation 2)

Use this form when filing for refinancing or non-refinancing

408 Pre-closing costs	409 Amount of cash costs	408 Mortgage + recorded number / amount of 13 Digit	409 Estimated interest rate	408 Date when fee due
<b>408 Overhead costs</b>				
One Time Charge (not to exceed \$40)	\$ _____			
No. of Months _____ amount \$ _____	\$ _____			
Enter on line 123, Part B	Total \$ _____			
				<b>409 (Reserved)</b>
				_____
				_____
				Total \$ _____
<b>408 Amounts due from buyer at closing or at appraisal notice date for:</b>				
Taxes	\$ _____			
Water Rates	_____			
Special Assessments	_____			
_____	_____			
Enter on Line 127, Part B	Total \$ _____			
				<b>409 (Reserved)</b>
				_____
				_____
				Total \$ _____
<b>408 Amounts owed to buyer at closing or at appraisal notice date for:</b>				
Taxes	\$ _____			
Water Rates	_____			
Special Assessments	_____			
_____	_____			
Enter on Line 128, Part B	Total \$ _____			
				<b>409 (Reserved)</b>
				_____
				_____
				Total \$ _____
<b>408 Additional closing costs at settlement</b>				
Discount Points on FHA/VA Financing	\$ _____			
Sales Commission	_____			
Recording Fees	_____			
Servicing Charge	_____			
Termite Report	_____			
Title Insurance	_____			
Appraisal	_____			
_____	_____			
_____	_____			
Enter on Line 129, Part B	Total \$ _____			
				<b>409 (Reserved)</b>
				_____
				_____
				Total \$ _____