**Mortgagee Report of Special Escrow**  
**Schedule E Sheet** of

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Public reporting burden for this collection of information is estimated to average 15 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. 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 to obtain required fiscal data for the Department to pay insurance benefits. The information provides the Department with the necessary fiscal data to audit the claim submission and accurately compute insurance benefits owed to the lender. Payment of such benefits is cited in Statute 12 USC 1713(g) of the Nation Housing Act. The information requested does not lend itself to confidentiality.

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<table>
<thead>
<tr>
<th>Type of Escrow</th>
<th>Total Amount Disbursements</th>
<th>Date</th>
<th>Amount</th>
<th>Total Disbursed</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-Site Escrow</td>
<td>None</td>
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<tr>
<td>Off-Site Escrow</td>
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<td></td>
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<tr>
<td>Completion Escrow</td>
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<tr>
<td>Mortgage Insurance Premium Refund</td>
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<tr>
<td>Residual Receipts</td>
<td>Balance on Hand None</td>
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</tr>
</tbody>
</table>

**Working Capital Deposits** (Enter total amount received or place an “X” here) None

Total Amount Received $  

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Purpose of each Disbursement  

Date Disbursed  

Amount Disbursed  

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Certification: The undersigned hereby certifies that the statement and the information contained herein are true and correct.

Total Disbursements Working Capital $  

Balance of Working Capital $  

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Send original and 3 copies to:  

U.S. Department of Housing  

and Urban Development  

Office of Housing  

Federal Housing Commissioner  

Ref: Handbook 4110.2  

Mortgagee/Servicer should retain 1 copy. Previous editions are obsolete.