HOUSING PROGRAMS BRANCH
INITIAL ENDORSEMENT DOCUMENT REVIEW

PROJECT NAME: _____________________________________________________________

PROJECT NUMBER: __________________________________________________________

Answer each question. Check N/A only where the document/question is not applicable to the project.

1. The commitment issuance and expiration dates are ___________________________ and ___________________________ respectively.

   a. The commitment has been extended
      If yes, the new expiration date is: __________

   b. The commitment has been reopened
      If yes, the new expiration date is: __________

   c. The commitment has been amended.
      If yes, the amendment dates are: ______________

2. The Commitment has been assigned.
   If yes:

   a. The new mortgagee is an approved mortgagee and the assignment is acceptable.
      If no, comment:

      ________________________________________________
      ________________________________________________

   b. Current mortgagee: ____________________________
      Mortgagee number: _____________________________

   c. Previous mortgagee: ___________________________
      Mortgagee number: _____________________________

3. Special conditions of the Firm Commitment are
   No. _______ thru _______ inclusively.

   a. Architectural, Cost, Valuation, and Mortgage Credit reviews address Nos. ____________,
      ____________, ____________ and ____________ respectively.
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b. This review considers special conditions Nos. ______________. Documents have been submitted and found acceptable for them all. If no:

c. Special conditions numbered ______________ have not been satisfied.
   Comment: ________________________________________________________________


d. The following documents must be submitted:
   ______________________________________________________________


e. The following actions have been taken:
   ______________________________________________________________

4. Request For Permission to Commence Construction Prior to Initial Endorsement for Mortgage Insurance, Form FHA 2415, was executed.
   If yes: ___ ___ ___

   a. Copies were furnished to Arch and MC, and construction started.
      If no, comment:
      ______________________________________________________________

   b. All known issues arising from the early start have been reconciled. ___ ___ ___
      If no, comment:
      ______________________________________________________________

5. EO 12372 Clearance, if applicable, has been received. ___ ___ ___

6. Chronology of Mortgage Transactions, Form FHA 260, is attached. ___ ___ ___

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7. Checks in the amount of $ ___________________ for ____________________, and $ ___________________ for ____________________ must be collected at closing.
8. Owner's certification listing all Federal/State/local government insurance, loan, grant or subsidy programs in which the project/owner will participate and any grants or below market loans to be received from non-government sources is signed and on file (required for all projects).
   ___  __  ___
   If no, comment:

9. The following documents, if applicable, have been signed and returned by the PHA/Owner:
   ___  __  ___
   a. Annual Contributions Contract (ACC).
      If no, comment:

   b. Agreement to Enter into a Housing Assistance Payment Contract (AHAP).
      If no, comment:

   c. Housing Assistance Payment Contract (HAP).
      If no, comment:

   d. Low-Income Housing Credit Allocation Certification, IRS Form 8609, HQ review, Exhibits 1-7, and owner's statement agreeing to notify HUD of any changes.
      If no, comment:

   e. Owner's Certification That Project Will Not Participate in the Low Income Housing Tax Credit (LIHTC) Program.
      If no, comment:
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f. IRS tax exemption ruling. YES NO N/A
   If no,
   comment: _____________________________________
   ______________________________________________

  g. Other. YES NO N/A
       ______________________________________________
       ______________________________________________
       ______________________________________________
       ______________________________________________

10. COMMENTS:

       ______________________________________________
       ______________________________________________
       ______________________________________________
       ______________________________________________

                      PROGRAM REVIEWER              SUPERVISOR
                      ________________________    ________________________
                      DATE                                      DATE