

CLAIM CERTIFICATION AND IDENTITY-OF-INTEREST
DISCLOSURE STATEMENT

Project Name _____ FHA Project Number _____

Lender Name _____ Mortgagee Number _____

Acting on behalf of the lender named above, I make the following certifications and disclosures to HUD regarding the attached claim for insurance benefits.

- 1. I certify that:
 - a. the statements and information in the claim and supporting documentation are true, complete and correct;
 - b. we have complied with HUD Handbook 4566.2's requirements relating to use of project funds, reasonableness of expenses and project repairs;
 - c. we have complied with all other requirements of 24 CFR Part 255 and HUD Handbook 4566.2 relating to the acquisition, management and disposition of the property;
 - d. we have not paid any kickback to, nor have we received any kickback from, any party involved in the acquisition, management, repair or disposition of the property; and
 - e. the two appraisals required by 24 CFR 255.424(a) were performed by independent appraisers selected from a panel approved by HUD;
- 2. I certify to the following.
 - a. We have no identity-of-interest with any of the other parties involved in the acquisition, management, repair or disposition of the project, including attorneys, management agents, contractors, real estate brokers or the purchaser, except as described below.

Party	Role	Description of Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX 29

- b. To the best of our knowledge, the following fully describes all identity-of-Interest relationships which exist among the other parties involved in the acquisition, management, repair and disposition of the project.

Party	Role	Description of Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 3. I certify that we have obtained the following reinsurance of our insurance risk on this mortgage.

REINSURANCE				
	NONE	Date	Carrier	Coverage
a. Reinsurance at Endorsement	_____	_____	_____	_____ %
b. Changes in Reinsurance during life of mortgage	_____	_____	_____	_____ %
c. Reinsurance in effect as of date of default	_____	_____	_____	_____ %

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Signed By:

Coinsuring Lender's Representative

_____/_____/_____

Title

Date

NOTE: Attach copies of all reinsurance policies

