APPENDIX 30

Application for Coinsurance Benefits U.S. Department of Housing
and Fiscal Data and Urban Development
in Support of Claim Office of Financial Accounting
OMB No. 2535-0074(Exp. 3/31/85)

Submission Instructions: See HUD Handbook 4566.2 for In-
structions on how to prepare this Form and Schedules A
through F. Send original and three copies of this form and
Schedules A through F, toget-
er with all required suppor-
ting documentation to the Of-

cine of Finance and Account-
ing, Insurance Claims Divi-

sion, U.S. Department of HUD,
Washington, D.C. 20410.

1. Date this Form 2. Coinsuring Len-
M M D D Y Y der's EIN

3. Coinsuring Lender Name:

4. Coinsuring Lender Address:

5. Coinsuring Lender Mortgagee
Number

6. Servicing Lender Name
(If other than Coins. Lender):

7. Servicing Lender Address:

8. Servicing Lender Mortgagee
Number:

9. Project Name:

10. Project Address:

11. FHA Project Number

12. Date to Which Interest
Collected: M M D D Y Y

13. Date of Default: M M D D Y Y

14. Date of Election to Acquire:
M M D D Y Y

15. Date of Foreclosure Started:
M M D D Y Y

16. Date Receiver Appointed
(If Applicable): M M D D Y Y

17. Date Receiver Discharged
(If applicable) M M D D Y Y

18. Date Property Acquired:
M M D D Y Y

19. Date Property Sold:
M M D D Y Y

20. Method of Acquisition:

_ Foreclosure

21. Method of Disposition:

_ Negotiated Sale

_ Competitive Bid

_ Project Not Sold
I - Prepaid Principal Balance of Mortgage on Date Foreclosure Started or Deed in Lieu Accepted (Schedule A, Column 9)...............I $__________

A. Outstanding Lender Advances for:
1. Mortgage Insurance Premiums (Schedule A, Column 4, total in parentheses)..................$__________

2. Taxes, Ground Rents, Water Charges, etc., (Schedule A, Col, 5, total in parentheses)...$__________

3. Property Insurance (Schedule A, Column 6, total in parentheses).......................$__________

Total Outstanding Lender Advances (Sum of Lines A1, 2 and 3)..............................$__________

B. Reasonable Expenses for Protection and Preservation of the Property (Schedule D, Col,3).............................$__________

C. Total Foreclosure and Acquisition Costs (Schedule D, Column 5).......................$__________

Two-Thirds (2/3) of Foreclosure and Acquisition Costs on Line above..................$__________

D. Repairs to the Property (Schedule D, Column 6)..............................$__________

E. Disposition Expenses (Schedule D, Column 7)..............................................$__________

Total Disbursements (Sum of Lines II.A through II.E)...................................II $__________

A. Funds in Escrow:
1. Mortgage Insurance Premiums (Schedule A, Column 4).............$__________

2. Taxes, Ground Rents, Water Charges, etc., (Schedule A, Column 5).....................$__________

3. Reserve for Replacements (Schedule A, Column 6)..................$__________

4. Reserve for Replacements (Schedule A, Column 10)..............$__________
5. Other (Schedule A, Column 7 plus Schedule E Balance)....$__________

D Total Funds in Escrow (Sum of Lines A1 through 5 above)..............$__________

e B. Net Income Received from Property:
 
1. Total Collections (Schedule B, Column 7).........................$__________

c 2. Operating Expenses (Schedule C, Column 5)......................$__________

i Net Income (Line B1 minus Line B2).................................$__________

C. Funds Received on Account of Mortgagor (Schedule A, Column 12)..............................$__________

D. Net Sales Proceeds (Schedule F).................................$__________

s E. Five Percent Deductible(5% of Unpaid Balance in Part I)..............$__________

Total Deductions(Sum of Lines III.A through III.E)..........................III $__________

IV - Total Claim (Part I plus Part II minus Part III)..........................IV $__________

Certification: The Undersigned hereby certifies that the statements and information contained herein are true and correct.

Name and Title of Coinsuring Lender Official: Signature of Authorized Official: Date:

HUD-27008 (2-84) HB 4566.2

Page 1 of 2

APPENDIX 30

INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSURANCE BENEFITS AND FISCAL DATA IN SUPPORT OF CLAIM

A. Overview. Use this Form to summarize all of the components of your claim except accrued interest. HUD will compute accrued interest at the time of claim settlement. Prepare this Form ONLY AFTER you have completed Schedules A through F.

B. Steps to Complete Form.

1. Complete all the information requested at the top of the form.
2. Derive each of the line items from the appropriate supporting Schedules, as indicated on the front of the form.

3. Calculate Total Disbursements (Line II) and Total Deductions (Line III).

4. Calculate the Total Claim (Line 1 plus Line II minus Line III).

5. Sign and date this Form and execute the accompanying Claim Certification and Identity-of-Interest Disclosure Statement.

5/84