

Application for Coinsurance Benefits and Fiscal Data in Support of Claim

U.S. Department of Housing and Urban Development Office of Financial Accounting OMB No. 2535-0074(Exp. 3/31/85)

Submission Instructions: See HUD Handbook 4566.2 for Instructions on how to prepare this Form and Schedules A through F. Send original and three copies of this form and Schedules A through F, together with all required supporting documentation to the Office of Finance and Accounting, Insurance Claims Division, U.S. Department of HUD, Washington, D.C. 20410.

1. Date this Form M M D D Y Y 2. Coinsuring Lender's EIN Number

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 16. Date Receiver Appointed (If Applicable): M M D D Y Y 20. Method of Acquisition: Foreclosure Deed-In-Lieu

13. Date of Default: M M D D Y Y 17. Date Receiver Discharged (If applicable): M M D D Y Y

14. Date of Election to Acquire: M M D D Y Y 18. Date Property Acquired: M M D D Y Y 21. Method of Disposition: Negotiated Sale Competitive Bid Project Not Sold

15. Date Foreclosure Started: M M D D Y Y 19. Date Property Sold: M M D D Y Y

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:

II 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)...\$ _____

D 3. Property Insurance (Schedule
i A, Column 6, total in
s parentheses).....\$ _____

 Total Outstanding Lender
b Advances (Sum of Lines
u A1, 2 and 3).....\$ _____

B. Reasonable Expenses for
s Protection and
e Preservation of the Property
m (Schedule D, Col,3).....\$ _____

C. Total Foreclosure and
e Acquisition Costs (Schedule D,
Column 5).....\$ _____

 Two-Thirds (2/3) of
e Foreclosure and Acquisition Costs
n on Line above.....\$ _____

D. Repairs to the Property (Sche-
t dule D, Column 6).....\$ _____

s E. Disposition Expenses (Sche-
dule D, Column 7).....\$ _____

 Total Disbursements (Sum of Lines II.A
 through II.E.....II \$ _____

A. Funds in Escrow:

I 1. Mortgage Insurance Premiums
I (Schedule A, Column 4).....\$ _____

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

3. Hazard Insurance Premiums
(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
 d B. Net Income Received from Property:

u
 1. Total Collections (Schedule B, Column 7).....\$ _____

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

t
 i Net Income (Line B1 minus Line B2).....\$ _____

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

n
 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

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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.

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