# Application for Benefits and Fiscal Data in Support of Final Claim Settlement Housing Finance Agency Risk-Sharing

Public Reporting Burden for this collection of information is estimated to average X.X hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policy and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3300 and to the Office of Management and Budget, Paperwork Reduction Project (XXXX-XXXXX), Washington, D.C. 20503. Do not send the completed form to either of these addresses.

Instructions: See HUD Handbook 4590.1 for instructions on how to complete this Form and Schedule A through F. Send original and two copies of the Form and Schedule A through F, together with required supporting documentation to: U.S. Department of Housing and Urban Development, Multifamily Claims Branch, HF2MC, Washington, D.C. 20410-3300.

## Part I
### A. Amount of Initial Claim Payment

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
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</table>

$$\text{Total}$$

## Part II - Disbursements
### A. Outstanding Advances for:

1. Taxes, Ground Rents, Water Charges, etc. (Schedule A, Column 5, total in parentheses)

2. Property Insurance (Schedule A, Column 6, total in parentheses)

**Total Outstanding Lender Advances** (Sum of Lines A1 and 2)

### B. Reasonable Expenses for Protection and Preservation of the Property (Schedule D, Column 3)

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

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

### E. Disposition Expenses (Schedule D, Column 7)

### F. FHA Debenture Interest

**Total Disbursements** (Sum of Lines II.A through II.F)

## Part III - Deductions
### A. Funds in Escrow:

1. Mortgage Insurance Premiums (Schedule A, Column 4)

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)

**Total Funds in Escrow** (Sum of Lines A1 through 5 above)

### B. Net Income Received from Property:

1. Total Collections (Schedule B, Column 7)

2. Operating Expenses (Schedule C, Column 5)

**Net Income** (Line B1 minus Line B2)

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

### D. Net Sales Proceeds (Schedule F)

### E. FHA Debenture Interest

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

## Part IV

**Total Claim** (Part I plus Part II minus Part III)

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To the best of my knowledge, all the information stated herein, as well as any information contained in the accompanying herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/ or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3771, 3731).

**HFA Name, Address and Telephone**

**Title and Signature of Authorized**

**Date Signed**

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**Rev.** 06/95
A. Overview. This form summarizes all of the components of the claim except
accrued interest. HUD will compute accrued interest at the time of claim
settlement. This Form and Schedules A through F capture the information
required by 24 CFR 256.644 through 650. Prepare this Form only after
Schedules A through F have been completed.

B. Steps to Complete Form

1. Complete Blocks 1 through 17 as applicable. If the HFA has retained a
   Servicer and the Servicer is filing the claim both Blocks 4 and 5 must be
   completed. If there is no servicer Block 5 may be omitted.

2. Line 1A is the amount of funds received for the initial claim payment.

3. Lines 1A through E will be derived from the appropriate supporting
   Schedules as indicated on the front of the Form.

Lines IIA through D will be derived from the appropriate support
schedules as indicated on the front of the Form.

Line IIE is the amount of HFA Debenture interest accrued but not p
paid to HUD from the anniversary date of the last HFA Debenture in
payment to the date the form is prepared. This amount will be adju
at the time of claim settlement to the date of claim settlement
according to 24 CFR 256.650(g).

4. Calculate Total Disbursements (Line II) and Total Deductions (Line I)
   through E, as appropriate.

5. Calculate the Total Claim (Line I plus Line II minus Line III).

6. Calculate the Total Claim (Line I plus Line II minus Line III).

7. Sign and date the Form. Be sure to include the title of the signing offic
   e and telephone number so HUD can contact that person if neces

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