

U. S. Department of Housing and Urban Development
 P.O. Box 188045
 Atlanta, GA 30384-8045

**Billing Statement
 and Reconciliation - Part I**
Multifamily Mortgage Insurance Premium
 (See Public Reporting Statement on back)

OMB Approval No. 2502-0426 (exp. 7/31/92)

To ensure proper crediting of your account,
 return this statement with your remittance.

Mortgage Number		Payment Due Date		A. Total Billed		\$	
Contact (Person completing this form)				B. *Deductions (payment withheld)			
Telephone Number including Area Code				Reason 01			\$
				Reason 02			\$
				Reason 03		\$	
				Subtotal (01, 02 + 03)		\$	
				C. Additions from Part II		\$	
				D. Amount of Payment (A-B+C)		\$	

FHA Project Number	Section of Act	BH Type	Mortgage	2nd Payment	Premium Date	Premium Amount	Code 91, 02, 03. Redirected to New Servicing Mortgages

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. 3729, 3802)

- * BH Type Codes
 I (Interim) Anniversary of initial endorsement; NU Premium anniversary changes at first payment date; A Adjustment of premium at final endorsement;
 R (Regular) On the anniversary of the first payment to principal date
 - Reason for Withholding Payment Codes
 01 Mortgage paid in full or voluntarily terminated prior to premium date. Please submit form HUD-9807 to HUD at the address above;
 02 Mortgage sold or transferred. Send a copy of this bill to the new servicer and submit form HUD-92080 to HUD at the address above;
 03 Remittance Withheld - Unable to identify.
- Enter for all premiums not being paid.

ref. Handbook 4110.2 form HUD-27032-A (06/92)

Public Reporting Burden for this collection of information is estimated to average 0.50 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 Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3800 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0426), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

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Multifamily Mortgage Insurance Premium

Mortgage Number

Payment Due Date

FHA Project No.	Original Bill Date	Mortgagor	Due Date	Premium Due	Late Charge Due	Past Due Interest	Total Amount Due	Bill : Rec- Type: son

ref. Handbook 4110.2 form HUD-27032-A (06/92)