

Justification for Closing



03872

U. S. Department of Housing & Urban Development

Field Office & Code:	Claim Number:	Account Balance:	Date of Last Contact:	Closing Date:
Debtor's Name & Address (Street, City, State)		Documents forwarded to:		
ZIP:		Address documents forwarded to:		Date forwarded:
		ZIP:		Closed Code:

Closed for the Reason Checked: Paid in Full Compromise Bankruptcy Death Unenforceable Foreclosure Completed
 Repurchase Hardship Uncollectible Other: (specify)

Documents Released:
 Note Mortgage Deed of Trust Judgment Other (specify):

Records/Sources Checked (Check all that apply)	Date Checked	Remarks
Directories / Directory Assistance:		
Postal Service		
Credit Bureau Skip Tracing: (Specify actions taken)		
Internal Revenue Service: (05 Status - page 5)		
Reference from Credit Application: Friends & Relatives (Provide names)		
Former Employer(s) (Provide names)		
Asset Search:		
Other: (specify)		

Proposed Actions	Yes	No	If No, Why Not?
Salary Offset:			
IRS Offset:			
DOJ Referral:			
Foreclosure:			
Other: (specify)			

Summary of Facts Developed to Support Disposition:

I certify that all collection activity was exhausted and that all available sources were contacted in attempting to locate subject debtors.

Representative's Signature:	DSR No.:	Section Chief or Team Leader	Date:
-----------------------------	----------	------------------------------	-------

Review: Approved Rejected (specify reasons):

Reviewer's Signature: (Housing Director or Designee)	Date:
--	-------

The 6/92 edition may be used until supply is exhausted

Justification for Closing (Continued)

U. S. Department of Housing & Urban Development

Debtor's Name:

Claim Number:

Summary of Facts Developed to Support Disposition: