

# Compromise/Partial Settlement Approval Record



U. S. Department of Housing & Urban Development

Type of Offer: (check one)  Compromise Offer  Partial Settlement

Yes No

Debtor Name:	Approx Age:	Debtor employed?			Claim Number: (Attach Binder)
		Federal or Military?			
Co-debtor Name:	Approx Age:	Co-debtor employed?			Correlative Account Number(s):
		Federal or Military?			
Address: (Street, City, State)		Date of Last Personal Contact:			Collection Agency Inventory Number:
	ZIP:	Compromise/Partial Settlement Offer:			Debt Balance as of:
<input type="checkbox"/> Property Improvement <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Other (specify): _____					Principal:
Currently Secured? <input type="checkbox"/> No <input type="checkbox"/> Yes, Est. Property Value: _____					Interest:
Owns Other Property? <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: _____					Total:
Senior Liens: (if known)					Source of Funds:

**Justification Summary: (Check as many as applicable)**

- Inability to collect within a reasonable time  Inability to enforce full recovery  Lack of assets  
 Recovery cost not justified  Inadequate income  Statute of limitations  Contested liability  
 Other (specify): \_\_\_\_\_

FHA Claim Paid:	Date:	Amount:
Last Payment:	Date:	Amount:
Original Loan:	Date of Default:	Amount:

**Justification Details:**

**Attachments:**  Letter from debtor  Credit Report  Financial Statement, HUD-56142  Tax Forms

**Recommendation:**  Accept  Reject  Reject & make counter offer of:

DSR or DLS:	Section Chief or Team Leader:	Date:
Field Office Contact:	Reviewing Official:	Date:
<b>Review:</b> <input type="checkbox"/> Accept <input type="checkbox"/> Reject	Reviewing Official:	Date:
<b>Finding:</b> <input type="checkbox"/> Accept <input type="checkbox"/> Reject	Approving Official:	Date:

Funds must be received by: \_\_\_\_\_ . If not, this agreement is null and void, unless written authorization is granted by this office.

# Compromise/Partial Settlement Approval Record (Continued)

Debtor Name:

Claim Number:

Justification Details Continued: