

Sample

Mark-to-Market Waiver Request - OPG Limitation

Form 5.3

From: PAE , RM or OAHP Underwriter
Through: OAHP Preservation Office Director
To: Deputy Assistant Secretary for OAHP

Date:

Project Name:
FHA Number:
REMS ID:

OPG Limitation:

Justification:

Authorizing Signatures:

Print Name of Requesting Official	Signature	Date
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Concurred:

OAHP Preservation Office Director	Signature	Date
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Approved/Disapproved:

Deputy Assistant Secretary for OAHP	Signature	Date
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