

**Mark-to Market  
OAHP REAT MULTI-PURPOSE FORM**

**Form 9.10**

TO: New York OAHP, Attn: Dao Vuong  
FROM:

**ASSET INFORMATION:**

ASSET NAME \_\_\_\_\_

FHA NUMBER \_\_\_\_\_

ITEM DESCRIPTION(S) \_\_\_\_\_  
(eg, REDA Time Extension, Scope of Work Modification, Excess Funds Guidance, Other Special Circumstance or Inquiry)

The below must be completed for all requests. Attach the form 9.11 or additional pages as needed.

M2M Closing Date: _____	Original Escrow Balance: _____	(Excluding interest)
REDA Expiration Date _____ (1-Yr. Anniversary of Closing Date): _____	Current Escrow Balance: _____	
<i>If Applicable:</i>	Interest Earned to Date: _____	
Proposed New Expiration Date: _____	Current Escrow Balance Incl. Interest Earned: <u>\$0.00</u>	(Auto-calculation)
	Funds Disbursed to Date: <u>\$0.00</u>	(Auto-calculation)
	Final Disbursement Date: _____	
	Rehab Yet To Be Completed (\$Amount): _____	
	Surplus (Including Interest): _____	(Auto-calculation)

Justification/Reasons for the Request (Should include: reasons for the delay; what work has been completed; what work remains; for scope of work changes or additions repairs, the PAE must also address if the item was or was not considered in the M2M plan, and if so, in which R4R years and cost per year)

**ALL signers of the original REDA must provide their concurrence and/or comments on the request, which are signed only by the REA. Attach the form 9.11, only for comments. Although not a party to the REDA, HUD should be consulted as required by REAT policy and procedures.**

Owner  Agrees  Disagrees  Add'l Info Needed

PAE  Agrees  Disagrees  Add'l Info Needed

\_\_\_\_\_  
Print Name of Authorized Official

\_\_\_\_\_  
Print Name of Authorized Official

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Rehab Escrow Administrator  Agrees  Disagrees  Add'l Info Needed

MF HUD Project Manager  Agrees  Disagrees  Add'l Info Needed  
(If Applicable)

\_\_\_\_\_  
Print Name of Authorized Official

\_\_\_\_\_  
Print Name of Authorized Official

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

**If this Form 9.10 is submitted to close out the escrow, the REA must complete the following section:**

I, the undersigned, as REA, hereby certify that all work required under the REDA and Exhibit A has been satisfactorily completed and inspected, and that any excess funds have been applied to the **Mortgage Restructuring Note** or **Contingent Repayment Restructuring Note** on **(Enter Date Here)** or as approved by the REAT Manager on **(Enter Date Here)** in the amount of **\$(Enter Excess Balance)**. The enclosed represents the accounting ledger detailing the escrow account's activity. In addition, the Resource Desk has been updated to reflect the final status of the work and account; as such, the print out is enclosed. This escrow is now closed.

\_\_\_\_\_  
Name of Authorized Official - Rehab Escrow Administrator

\_\_\_\_\_  
Signature Date

**This Request is Submitted by:**

\_\_\_\_\_  
Name of Authorized Official

\_\_\_\_\_  
Signature Date

**OAHP REAT Evaluation:**

Specialist's Recommendation:  Approve  Deny

Manager's Decision:  Approved  Denied  Refer to HQ

L. Dao Vuong  
Name of Authorized Official - OAHP - Rehabilitation Escrow Specialist

Richard P. Daugherty  
Name of Authorized Official - OAHP - Manager, Rehabilitation Escrow Administration

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

HQ-DAS Action (If Applicable):  Approved  Denied

\_\_\_\_\_  
Name of Authorized Official - OAHP - Deputy Assistant Secretary

\_\_\_\_\_  
Signature Date

**COMMENTS OR CONDITIONS - FOR INTERNAL REAT STAFF USE ONLY**