

Mortgage Assignment Program Analysis & Documentation of Assignment Eligibility Criteria

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Mortgagor (s):	HUD Account Number:
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Evaluation Decision		A. Eligibility Criteria	Appeal Decision	
1. Lender can foreclose and has indicated to borrower its intention to do so.	Yes ☐ No ☐	1. Lender can foreclose and has indicated to borrower its intention to do so.	Yes ☐ No ☐	
2. Three or more monthly installments due but unpaid.	Yes ☐ No ☐	2. Three or more monthly installments due but unpaid.	Yes ☐ No ☐	
3. Property is borrower's principal residence.	Yes ☐ No ☐	3. Property is borrower's principal residence.	Yes ☐ No ☐	
If "No", is waiver granted?	Yes ☐ No ☐	If "No", is waiver granted?	Yes ☐ No ☐	
4. Borrower owns other property with insured or SH mortgage.	Yes ☐ No ☐	4. Borrower owns other property with insured or SH mortgage.	Yes ☐ No ☐	
If "Yes", is waiver granted?	Yes ☐ No ☐	If "Yes", is waiver granted?	Yes ☐ No ☐	
5. Default was caused by circumstances beyond borrower's control.	Yes ☐ No ☐	5. Default caused by circumstances beyond borrower's control.	Yes ☐ No ☐	
6. Reasonable prospect of resuming full payments within 3 years and paying in full by maturity date, extended up to 10 years if necessary.	Yes ☐ No ☐	6. Reasonable prospect of resuming full payments within 3 years and paying in full by maturity date, extended up to 10 years if necessary.	Yes ☐ No ☐	

Evaluation Decision	B. Comments	Appeal Decision
Explain responses to criteria numbers 5 and 6. Explain any waivers granted or denied.	Explain responses to criteria numbers 5 and 6 and/or any deviation from initial decision. Explain any waivers granted or denied.	

Recommendation: ☐ Acceptance ☐ Rejection	Recommendation: ☐ Acceptance ☐ Rejection
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Evaluation Decision		C. Signatures		Appeal Decision	
Recommended by: (Loan Specialist)	Date:	Recommended by: (Loan Specialist)	Date:	Recommended by: (Loan Specialist)	Date:
Concurred by:	Date:	Concurred by:	Date:	Concurred by:	Date:
Approved by:	Date:	Approved by:	Date:	Approved by:	Date: