

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

Mortgagee Report of Project Collections
Schedule B Sheet of

OMB Approval No. 2502-041 8
(Exp.06/30/2021)

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The information is collected to obtain required fiscal data for the Department to pay insurance benefits. The information provides the Department with the necessary fiscal data to audit the claim submission and accurately compute insurance benefits owed to the lender. Payment of such benefits is cited in Statute 12 USC 1713(g) of the National Housing Act. The information requested does not lend itself to confidentiality.

| | |
|---|--|
| From: (Mortgagee name and address) | 2. Project (Name and Location) |
| 3. Project Number | 4. Number of Units |
| 5. Date: Mortgagee Assumed control of Project | 6. Date: Mortgagee Relinquished Control of Project |

Instructions: Account for each unit in the Project whether occupied or vacant. Submit an assignment of rents covering all unpaid rentals. All rental collections must be listed first; then list and explain all miscellaneous project income, such as garage rental, income from washing machines, etc. Detailed instructions concerning preparation of this Schedule are contained in form HUD-2741.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including, fines, penalties, and imprisonment.

| Rental Unit Number (1) | Tenant's Name (If vacant, so list) (2) | Monthly Rental Rate (3) | Date Rent Started (4) | Date Unit Vacated (5) | Date Rent Paid Thru (6) | Total Collections (7) | Rent Due and Unpaid at Date Property Conveyed (8) |
|------------------------|--|-------------------------|-----------------------|-----------------------|-------------------------|-----------------------|---|
| | | | | | | | |
| TOTALS | | | | | | | |

Certification: I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct.
WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Signature

Date

Send original and 1 copy to the:

U.S. Department of Housing and Urban Development
Attn: Multifamily Claims Branch, HWAFC, Room 6252
451 7th Street, SW, Washington, D.C. 20410 - 8000