

**Mortgage Report of  
Other Disbursements**  
Schedule D \* Sheet of

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

OMB Approval No. 2502-0418 (Exp. 06/30/2021)

Public reporting burden for this collection of information is estimated to average 15 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.

**CERTIFICATION: 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.**

1. Mortgagee (Name and Address)	2. Project (Name and Location)
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3. Project Number	4. Date Mortgagee Assumed control of Project	5. Date Mortgagee Relinquished Control of Project
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Date**	Payee***	Cost of Completion and Preservation	Explanation	Items Allowable only in Certificate of Claim		
				Foreclosure and/or Acquisition Costs	Reasonable Attorney's Fees (Conveyance Only)	Other (Do not include Assignment Costs)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<b>TOTALS</b>						

* Do not include mortgage proceeds or advances from escrow funds. ** List items in chronological order. Signature	Date
*** All amounts listed must be supported by originals or photo copied paid invoices.	

Send original and 1 copy to the:

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

Mortgagee/Service should retain 1 copy.  
Previous editions are obsolete.

form **HUD-2744-D** (12/09)  
ref Handbook 4110.2