

**Fiscal Data in Support of  
Claim for Multifamily Mortgage  
Insurance Benefits**

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

OMB Approval No. 2502-0418 (exp.08/31/2008)

Public reporting burden for this collection of information is estimated to average 30 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 Nation Housing Act. The information requested does not lend itself to confidentiality.

1. Date this Form Prepared	2. Project No.	3. Project Name and Property Address			
4. Date to Which Interest Collected	5. Date of Default	6. Nature of Default			7. Date of Election to Assign or Convey
8. Date and Method of Acquisition (if applicable)	9. Date Mortgage Assigned or Property Conveyed to the Secretary	10. Date Receiver Appointed	11. Date Receiver Discharged (if applicable)	12. Employer Identification No. (if applicable)	
<input type="checkbox"/> Foreclosure <input type="checkbox"/> Deed in Lieu		<input type="checkbox"/> Assigned <input type="checkbox"/> Conveyed			

<b>Section I. Mortgage Balance and Disbursements</b>	a. Unpaid Principal Balance of the Mortgage at Date of Default		\$
	b. Unpaid Balance of Advances by Mortgagee, Other than Mortgage Proceeds for:		
	1. Mortgage Insurance Premiums	\$	
	2. Taxes, Ground Rents, Water Rates, etc. (Which are liens prior to the mortgage)	\$	
	3. Insurance on the Property	\$	\$
	c. Reasonable Expenses for Completion and Preservation of the Property		\$
d. Balance of the Principal Face Amount of the Mortgage Not Heretofore Advanced to, or for the Account of, the Mortgagor and Paid to HUD (Debenture Claim Only)			\$
<b>Total Mortgage Balance and Disbursements</b>			<b>\$</b>

<b>Escrow Fund and Deductions</b>	e. Funds in Escrow at Date of Assignment or Conveyance for:			
	1. Mortgage Insurance Premiums	\$		
	2. Taxes, Ground Rents, Water Rates, etc.	\$		
	3. Hazard Insurance Premiums	\$		
	4. Reserve for Replacements	\$		
	5. Other	\$		
	<b>Total in Escrow Fund</b>			<b>\$</b>
	f. Net Income Received from the Property from the date of default to the Date of Assignment or Conveyance:			
	1. Total Collections (Schedule B)	\$		
	2. <b>Less:</b> Operating Expenses (Schedule C)	\$	\$	
g. Receipts from Other Sources After Default Date		\$		
h. One Per Cent (1%) of Item a., Above (Assignments only)		\$	\$	
<b>Net Claim</b>			<b>\$</b>	

<b>Section II. Certificate of Claim</b>	a. Foreclosure, Acquisition and Conveyance Costs		\$
	b. Reasonable Attorney's Fees Paid (Conveyances Only)		\$
	c. Amount Deducted Under Item h. of Section I		\$
	d. Other		\$
	<b>Unadjusted Claim</b>		

The amount of unadjusted claim shown above will be increased by inclusion of interest on the mortgage from the date through which paid to the date the mortgage is assigned or property conveyed to the Secretary, less an amount equivalent to debenture interest, if any, accrued at latter date.

**Certification:** I/We hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name and Address of Mortgagee (Do not use A.D.P. rubber stamp)	Name and Address of Mortgagee's Servicer
(Debentures if issued will be inscribed exactly as shown herein)	
Signature of Mortgagee Official or Servicer X	Title <input type="checkbox"/> Mortgagee Official <input type="checkbox"/> Servicer

Send the original and 3 copies to: U.S. Department of Housing and Urban Development  
Multifamily Accounting and Servicing Division, HOMMI  
451 Seventh Street, S.W.  
Washington, D.C. 20410-8000

Previous editions are obsolete.

Mortgagee/Servicer  
retain 1 copy.

form HUD-2742 (2/91)  
ref. Handbook 4110.2