## Request for **Waiver of Housing Directive**

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

OMB Approval No. 2502-0029 (Expires 04/30/2020)

| Field Office  |   |   |                                   |
|---|---|---|-----------------------------------|
|   |   | 2. Program and DAS (e.g., multifamily development)  |                                   |
| National Servicing Center   |   | Single Family Housing, Office of Single Family Asset Ma   | nagement                          |
|   | erson, entity, HUD employee)<br>ctor, National Servicing Center   |   |                                   |
| 4. Waiver Item (directive n   | umber, date, page, paragraph, etc.)   |   |                                   |
| Handbook 4000.1, Se   | ection III.A.2.o.ii(C)(3)(m) Reportin   | g to HUD, under Payment Supplement  |                                   |
| Relief Sought   |   |   |                                   |
|   | ne word "Started" from the requiren<br>Status (DDS) Code 51 – Payment   | nent: "The Mortgagee must report the use of a Payment Supple<br>Supplement Started."  | ement in SFDMS, using             |
| Did a check of SharePoint indi<br>5. Approval of a factually similar  | ricate Prior waiver?" Yes (skip No. 6)  x No (go to No. 6)  | If previously approved, give Counsel's name and date of a   | approval.                         |
| 6 Counsel Determination   | on. The Waiver Proposal <b>does r</b>   | not conflict x conflicts with statutory or regulatory pro   | ovisions (cite rule or provision) |
| that could cause conf   |   | requirements. It is limited in purpose to correct a typographica oes not alter, amend, or otherwise change substantive required olicy Handbook 4000.1.  |                                   |
| Counsel (signature)  Benjamin M. Litchfield  Digitally signed by Benjamin M. Litchfield Date: 2024.07.26 09:20:53 -04'00' |   | Date July 26, 2024  |                                   |
| 7. Employee Justification   | on (attach additional pages if nece   | essary)   |                                   |
| options, the word "sta<br>51 must be reported to<br>Therefore, HUD has  | arted" is appropriate to report. How<br>for the entire three year Payment S<br>determined that it is appropriate to | he word "Started" was inadvertently included in the published prever, it is not appropriate to include the word "started" for Payl Supplement Period.  waive the word "started" from the requirement for Payment Suclarity and ensure accurate reporting. | ment Supplement because DDS Cod   |
|   |   |   |                                   |
| Field Office Concurrence  | 2   |   |                                   |
|   | е   | Title   | Date                              |
| Name  | е   | Title Dept. Director, Office of Single Family Asset Management  | Date July 31, 2024                |
| Name<br>Graham Mayfield   | Housing Director (signature)  | Dept. Director, Office of Single Family Asset Management  AHAM MAYFIELD Digitally signed by: GRAHAM MAYFIELD  ON: ON - GRAHAM MAYFIELD C - US O = U.S.  | Date July 31, 2024                |
|   | Housing Director (signature)  | Dept. Director, Office of Single Family Asset Management  |                                   |

Distribution: (includes waivers granted and denied)

Original to Field Office;

One copy to each of the following: Director, Organizational Policy, Planning and Analysis Division, Room 9116, HUD Headquarters, HRO

Assistant General Counsel, Multifamily Mortgage Division, HUD Headquarters, Room 9230, CAHAA

And one copy to either of the following:

Office of the Deputy Assistant Secretary for Single Family Housing, Room 9282, HUD Headquarters, HU

Office of the Deputy Assistant Secretary for Multifemily Housing, Room 9282, HUD Headquarters, HU

collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Office of the Deputy Assistant Secretary for Multifamily Housing, Room 6106, HUD Headquarters, HT