

**Single-Family Application
for Insurance Benefits**

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

OMB Approval No. 2502-0429

Public Reporting Burden for this collection of information is estimated to average 1.33 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0429), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

Write numeric date where indicated (i.e. MM-DD-YY).

General Information

1 Claim Type <input type="checkbox"/> 01-Conveyance <input type="checkbox"/> 03-Automatic Assignment <input type="checkbox"/> 05-Supplemental <input type="checkbox"/> 07-PFS <input type="checkbox"/> 02-Assignment <input type="checkbox"/> 04-Consurance <input type="checkbox"/> 06-CWCOT <input type="checkbox"/> Other				2 FHA Case Number	
3 Section of the Act Code		4 Default reason code (2 digits)	5 Enforcement date (from MIC)	6 Date form prepared	
7 Due date of first payment to principal and interest		8 Due date last complete installment paid	9 Date of possession and acquisition of marketable title	10 Date deed or assignment filed for record or date of closing or appraisal	
11 Date foreclosure proceedings <input type="checkbox"/> a Initiated <input type="checkbox"/> b Date of deed in law		12 Holding mortgagee number (payee) (10 digits)	13 Servicing mortgagee number (10 digits)	14 Mortgagee reference number (maximum of 15 digits)	
15 Original mortgage amount		16 Holding mortgagee EIN (9 digits)	17 Unpaid loan balance as of date in block 8 (Item 11 if consurance)	18 Date of firm commitment	
19 Expiration date of extension to foreclose/assign		20 Date of notice/Extension to convey	21 Date of release of bankruptcy, if applicable	22 Is property vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23 If item 22 is No, date of local HUD Office approval		24 Is property conveyed damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	25 If item 24 is Yes, date of a Local HUD Office approval (pursuant to 203.379(a)(1))	b Certification (pursuant to 203.379(a)(2))	
26 Type of Damage <input type="checkbox"/> Tornado <input type="checkbox"/> Boiler explosion (Condominium units only) <input type="checkbox"/> Fire <input type="checkbox"/> Damage (203.377) <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake				27 Recovery or estimate of damage	
28 Is mortgagee successful bidder? <input type="checkbox"/> Yes <input type="checkbox"/> No		29 Delinquency Judgment Code	30 Authorized bid amount	31 Mortgagee reported curtailment date	

32. Schedule of Tax Information

Tax Year	Type of tax or assessment	Collector's property identification	Amount paid	Period covered		Date paid
				From	To	

33 Mortgagee's name and property address		34 Brief legal description of property	
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Certification: The undersigned agrees that in the event of damage by fire (except as otherwise provided in section 203.379(b) of the HUD regulations; flood, earthquake, tornado, or boiler explosion, if applicable, the Secretary may deduct from the settlement to be made to the mortgagee an amount computed in accordance with the applicable HUD regulations. The undersigned further agrees: (1) that in the event the Secretary finds it necessary to reconvey the above described property to the mortgagee, because of the mortgagee's noncompliance with HUD regulations, the mortgagee shall reimburse the Secretary for any settlement made in debentures and/or cash and for all cash disbursements, including those for repairs and rehabilitation of the property, made by the Secretary; and (2) that if a mortgagee does not comply with HUD regulations, the mortgagee remains responsible for the property, and any loss or damage thereto, notwithstanding the filing of the deed to the Secretary for record, and such responsibility is retained by the mortgagee until HUD regulations have been fully complied with (203.379).

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)

By signing below, the undersigned certifies that the statements and information contained hereon (face and reverse) are true and correct.

35 Name and address of mortgagee (include Zip Code)		36 Name and address of Mortgagee's servicer (include Zip Code)	
37 Mortgagee official signature, date and title. (Signature not necessary if signed by Servicer)		38 Servicer signature, date and title	

Mail Original to: Department of Housing and Urban Development, MIAS, S/F Claims Branch, PO Box 23898, Washington, D.C. 20026

APPENDIX 11

Continuation of Application

39 Amount of monthly payment to			
a FHA Insurance	b Taxes	c Hazard Insurance	d Interest & Principal
40 If Bankruptcy filed, enter date filed			
	41 If conveyed/assigned damaged, date damage occurred	42 Date HIP cancelled or refused, if applicable	43 Number of living units
44 Status of Living Units			
Unit #1 a		b Date vacated, if applicable	c Date secured, if applicable
<input type="checkbox"/> Vacant			
<input type="checkbox"/> Occupied (Enter name of occupant)			
Unit #2 a		b Date vacated, if applicable	c Date secured, if applicable
<input type="checkbox"/> Vacant			
<input type="checkbox"/> Occupied (Enter name of occupant)			
Unit #3 a		b Date vacated, if applicable	c Date secured, if applicable
<input type="checkbox"/> Vacant			
<input type="checkbox"/> Occupied (Enter name of occupant)			
Unit #4 a		b Date vacated, if applicable	c Date secured, if applicable
<input type="checkbox"/> Vacant			
<input type="checkbox"/> Occupied (Enter name of occupant)			
Mortgagee's comments, if any			

HUD's comments, if any

Sensitive Information. The information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained.

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Part B Fiscal Data

100 Mortgagor's Name and Property Address		101 FHA Case Number	102 Section of Act Code
		103 Mortgagee's reference number (max. 15 digits)	104 Date form prepared
		105 Exp. date to Submit Title Evidence, or fiscal data for Part B	106 Check if supplemental for Part B <input type="checkbox"/>

Line Number	Description	Column A Deductions	Column B Additions	Column C Interest
107.	Adjustment to Loan Balance (if different from item 17, Part A)			
108.	Sale/Bid or Appraisal Value (for Coinsurance or Nonconveyance)			
109.	Escrow Balance (as of date in item 10, Part A)			
110.	Total Disbursements for Protection and Preservation (from line 264, Part C)			
111.	Total Disbursements (from line 305, Part D)			
112.	Attorney/Trustee Fees Paid (from line 306, Part D)			
113.	Foreclosure, Acquisition, Conveyance, and Other Costs (from line 307, Part D)			
114.	Bankruptcy Fee (if applicable) (from line 310, Part D)			
115.	Rental Income			
116.	Rental Expenses			
117.	Total Taxes on Deed (from line 308, Part D)			
118.	Recovery or Damage (if not reported on Part A) (Use line 119 if reported on Part A)			
119.	Estimate of Recovery From Part A \$ _____ Less Total Insurance Recovery _____ Adjusted Amount (plus or minus) \$ _____			
120.	Special Assessments (Do Not Use for Coinsurance)(from line 309, Part D)			
121.	Mortgage Note Interest (assignments, conveyance, and special forbearance agreements only) From _____ To _____ Rate _____ %			
122.	Mortgage Insurance Premiums (from line 311, Part D)			
123.	Unapplied Section 235 Assistance Payments (Earned Assistance only)			
124.	Overpaid Section 235 Assistance Payments			
Coinsurance or Nonconveyance Only				
125.	Overhead Costs (from line 405, Part E)			
126.	Uncollected Interest (Approved Forbearance Agreements Only)			
127.	Amount due from buyer at closing or at appraisal notice date (from line 406, Part E)			
128.	Amount owed to buyer at closing or at appraisal notice date (from line 407, Part E)			
129.	Additional closing costs (from line 408, Part E)			
130.	Appraisal Fee (from line 409, Part E)			
131.	Deficiency Judgment Costs/Fees (from line 410, Part E)			
132.				
133.	Contact Name and Telephone Number: Holding Mortgagee:	134.	135.	136.
		Totals \$	\$	\$
Contact Name and Telephone Number: Servicing Mortgagee:		137. Net Claim Amount (columns B - A + C) \$		

Certification: The undersigned certifies that the amounts listed above represent all the expenses actually paid by or on behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, assignment operation, protection, or preservation of the property identified by the above FHA case number and that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish receipts invoices for any amounts shown above.

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)

138 Mortgagee official signature, date and title (Signature not necessary if signed by Servicer)	139 Servicer Signature, date and title
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Mail Original to: Department of Housing and Urban Development, MIAS, S/F Claims Branch, PO Box 23998, Washington, D. C. 20026

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Part C Support Document

200 Mortgagor's Name and Property Address	201 FHA Case Number	202 Section of Act Code
	203 Mortgagee's reference number (max. 15 digits)	
	204 Date	205 Debenture interest rate

Disbursements for Protection and Preservation (Continues on back)

Date Paid	Date Work Completed	Description of Service Performed	Amount Paid \$	Debiture Interest \$
206				
207				
208				
209				
210				
211				
212				
213				
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218				
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237				

263 Subtotals brought forward from line 262 on back

264 Enter amount paid and interest (Enter also on line 110, Part B) Totals

265. Holding Mortgagee Contact Name and Telephone Number:	266. Servicing Mortgagee Contact Name and Telephone Number:
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Certification: The undersigned certifies that the amounts listed above represent all the expenses actually paid by or on behalf of the mortgagee in connection with the foreclosure, acquisition, conveyance, assignment, operation, protection, or preservation of the property identified by the above FHA case number and that the information shown above is true and correct, and the undersigned agrees that upon request of HUD it will furnish receipted invoices for any amounts shown above.

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267 Mortgagee official signature, date and title (Signature not necessary if signed by Servicer)	268 Servicer Signature, date and title
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Mail Original to: Local HUD Office



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Part C: Disbursements for Protection and Preservation (continuation)

Date Paid	Date Work Completed	Description of Service Performed	Amount Paid \$	Debitura Interest \$
238				
239				
240				
241				
242				
243				
244				
245				
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249				
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251				
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261				
262 Subtotals (bring forward to line 263 on front)				
Mortgage's comments, if any				

HUD's comments, if any



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Part E Support Document (Continuation 2)
Use this form when filing for Coinsurance or Nonconveyance

400. FHA Case Number		401. Section of Act Code	402. Mortgage's reference number (max. 15 digits)	403. Debenture Interest Rate	404. Date
405. Overhead Costs			409. Appraisal Fee		
One Time Charge (not to exceed \$40) \$ _____			_____ \$ _____		
No. of Months _____ x amount \$ _____ = _____			_____ \$ _____		
Enter on Line 125, Part B Total \$ _____			Enter on Line 130, Part B Total \$ _____		
406. Amounts due from buyer at closing or at appraisal notice date for:			410. Delinquency Judgment Costs/Fees		
Taxes \$ _____			_____ \$ _____		
Water rates _____			_____ \$ _____		
Special Assessments _____			_____ \$ _____		
_____ \$ _____			_____ \$ _____		
Enter on Line 127, Part B Total \$ _____			Enter on Line 131, Part B Total \$ _____		
407. Amounts owed to buyer at closing or at appraisal notice date for:			411. Reserved		
Taxes \$ _____			_____ \$ _____		
Water rates _____			_____ \$ _____		
Special Assessments _____			_____ \$ _____		
_____ \$ _____			_____ \$ _____		
Enter on Line 128, Part B Total \$ _____			Total \$ _____		
408. Additional closing costs at settlement			412. Reserved		
Discount Points on FHA/VA Financing \$ _____			_____ \$ _____		
Sales Commission _____			_____ \$ _____		
Recording Fees _____			_____ \$ _____		
Servicing Charge _____			_____ \$ _____		
Termite Report _____			_____ \$ _____		
Title Insurance _____			_____ \$ _____		
Appraisal _____			_____ \$ _____		
_____ \$ _____			_____ \$ _____		
_____ \$ _____			_____ \$ _____		
Enter on Line 129, Part B Total \$ _____			Total \$ _____		

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Part E

ref Handbooks 4330.4 & 4310.5

form HUD-27011 (03/24/93)