

Application for Premium Refund or Distributive Share Payment

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

OMB Approval No. 2502-0414

1a. FHA Case Number: 88VAR0188
1b. Address of FHA Insured Property: 88VAR0888, 88VAR0788
1c. Mailing Address: 88VAR0288, 88VAR0388, 88VAR0488, 88VAR0588
1d. Notice Number: 88VAR0888
1e. Termination Date: 88VAR1088
1f. Premium Refund: 88VAR1188
1g. Source: 88VAR1288
1h. Original Mortgage: 88VAR1388
1i. Distributive Share: 88VAR1488
1j. Address Key: 88VAR1588
1k. Computed Prepaid Premium: 88VAR1688
1l. Total Refund: 88VAR1788

Before completing this application, please read the guidelines for payment on the reverse side. If you decide you are not entitled to the premium refund or distributive share payment, please forward the application to the proper homeowner. If known, or return it to HUD.

2a. Date You Purchased the Property (mm/dd/yy)
2b. Date Paid in Full (mm/yy)
3a. Last Name (22 letters, max.)
3b. First Name (15 letters, max.)
3c. M.I.
3d. Percentage of the Property You Owned
3e. Social Security Number or EIN (include hyphens)
3f. Daytime Telephone (include area code)
4. Current Mailing Address: Do Not Complete if your current mailing address is correct in item 1c above.
4a. (optional) Attention of, or Care of (M/R) Name (30 letters, max.)
4b. Street (30 characters, max.)
4c. City (25 letters, max.)
4d. State (2 letters)
4e. Zip Code (give all 9 digits if known)

5a. Last Name (22 letters, max.)
5b. First Name (15 letters, max.)
5c. M.I.
5d. Percentage of the Property You Owned
5e. Social Security Number or EIN (include hyphens)
5f. Daytime Telephone (include area code)
6. Current Mailing Address: Do Not Complete if your current mailing address is correct in item 1c above.
6a. (optional) Attention of, or Care of (M/R) Name (30 letters, max.)
6b. Street (30 characters, max.)
6c. City (25 letters, max.)
6d. State (2 letters)
6e. Zip Code (give all 9 digits if known)

7. Yes No The FHA mortgage was paid off by refinancing and I (we) requested that the refund be credited to the new FHA insurance premium.

To receive payment, all owners must sign the following certification, even if they are not named on this form. One signature must be notarized. If all persons named on this form do not sign the certification, an explanation must be provided in the remarks section below.

8. Claim Certification: I, the undersigned, certify that I was the legal owner of record at the time of mortgage insurance termination of the FHA insured property described in item 1b above and the information provided above is correct to the best of my knowledge and belief.

8a. Owner 1 Signature & Date: X
8b. Owner 2 Signature & Date: X

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)

9. Remarks: (attach extra sheets if you need more space)
10. As to:
Notary Public (signature): X
My Commission expires:
11. Notary Seal:

Upon completion, send this form and attachment(s) to: HUD, PO Box 44372, Washington DC 20026-4372. Form HUD-3788-B (7/82)