

Premium Remittance Summary

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



Single Family Mortgage Insurance

OMB Approval No. 2502-0421

Please refer to the instructions on the back of this form.

Public reporting burden for this collection of information is estimated to average 0.5 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 (2535-0075), Washington, D.C. 20503.

1. Mortgagee or Servicer:

Code No. Name and Address

2. Prepared by

Phone No.

3. Remittance for

(Month)

19

4. Remittance Summary. Premium remittance enclosed is allocated to premium anniversary dates as shown below.

Table with columns: Month, Year, and \$. Rows a through s listing monthly premium payments from Jan to Dec.

5. Mortgage Activity Summary. Count of mortgages for which your organization was the holder and servicer or servicer only, during the month being reported.

- a. Beginning Balance
b. New Mortgages Serviced This Month
c. Mortgages Transferred In This Month
d. Mortgages Transferred Out This Month
e. Mortgages Terminated This Month
f. Balance of Mortgages on Hand at End of Month
g. Total Number of Individual Mortgages Represented by This Remittance

5. Have you previously submitted other remittance forms for this same accounting period? No Yes If Yes, how many?

6. Certifications. (Important - See instructions)

- a. I certify that this remittance represents the total of all Single Family premium payments collected from mortgagors during the preceding calendar month plus the total annual premium payments due to HUD during this reporting period for Single Family mortgage insurance under the HUD program.
b. I certify that this remittance represents 1/12th of the total annual premiums for all HUD-insured Single Family mortgages serviced by my organization during the preceding calendar month, plus the total annual premium payments due to HUD during this reporting period for Single Family mortgage insurance under the HUD program.

Authorized Signature Date Signed

X

Authorized Signature Date Signed

X

HUD Use Only Date Received

APPENDIX 2

Instructions

This form shall be completed and sent to HUD monthly by each mortgagee servicing Single Family HUD Mortgages, whether or not any payment is to accompany the form.

Mailing Instructions. This form and payment must be mailed to the address specified in the Supplemental Instructions, Mailing of Remittances. Those instructions provide remittance addresses which correspond to the remitter's ZIP code. Only remittances should be mailed to these addresses; do not include other mortgage activity forms.

- 1. Mortgage or Servicer Code Number, Name and Address.** Enter the servicing mortgagee's 5-digit identification code. The organization's name, street address, city, state and ZIP code must be typed, printed or stamped.
- 2. Prepared by.** Enter the name and telephone number of a person to contact with questions about the form.
- 3. Remittance for the month of.** Enter the calendar month and year in which the MIP payments were collected.
- 4. Remittance Summary.**

Lines a. through l. These lines are to be used to allocate, by amortization anniversary month and year, all premium amounts being remitted. Enter amounts remitted for all mortgages in your portfolio by the month and year in which the annual premium for these cases are due.

Example: Remittance for month of April 1989.

a.	01	Jan.	8	9	\$1000.00
b.	02	Feb.	8	9	\$1000.00
c.	03	Mar.	8	9	-0-
d.	04	Apr.	8	9	\$500.00

The zero premium amount in month 03 indicates one of the following:

- The mortgagee services no cases that bear an amortization anniversary month of March, or
- The mortgagee collected no payments for cases having this anniversary month and March is not the current month.

Lines m. through o. These lines are used to allocate premium remittances for mortgages whose annual premiums are due in months and years other than those reflected in lines a. through l. Enter the annual premium anniversary month(s) and year(s) and the amount(s) remitted.

Example:

m.	11	1	8	8	\$ 600.00
n.	04		8	7	\$1500.00
o.					

Line p. Enter the sum of lines a. through o.

Line q. If the postmark date of this remittance will be later than the 10th of the month, enter 4% of the amount on line p.

Line r. Enter the amount of interest charges enclosed for amounts remitted 30 or more calendar days after payment due date. Interest charge at rate established by HUD applied to "Total Premiums Remitted" amount on line p for each such 30 day period or fraction thereof.

Line s. Enter the sum of lines p., q., and r. The amount of the check or checks enclosed with this form must equal the amount on line s.

Line t. Enter the number of payment checks enclosed with this form. Except under unique circumstances, only one check should be used.

5. Mortgage Activity Summary. This block is a monthly inventory of the portfolio counts of HUD Single Family Mortgages serviced by your organization and the activity for the month. The information must be submitted each month whether or not any monies are remitted.

Lines a. to f. Counts are for the remittance month only.

Line g. Enter the number of uniquely identified mortgages being paid. For example, if two monthly payments are included for a single mortgage, the mortgage is counted only once.

6. If you have previously submitted a Remittance Form for the same month ("Remittance for the Month" in block 2), indicate by checking the "Yes" box. If yes, indicate total number of such forms previously submitted.

7. Certifications. Two certifications are available to the servicing mortgagee. The one chosen indicates the method of remittance selected by the servicer: remittance of all premiums collected in one month; or remittance of 1/12th of all annual premiums for all cases serviced each month.

Once selected, the servicing mortgagee cannot change the method of remitting monthly premiums without prior approval from the Department of Housing and Urban Development (HUD). Therefore, the certification chosen on the mortgagee's first remittance form must be the one attested to each month by an official. Check the box beside the certification statement selected for signature by an authorized official of the servicing organization. The official should sign and record the date such certification was made.

**Transmittal for Payment
Up Front Mortgage Insurance
Premium (UFMIP)**

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

See back of page for instructions and Public Reporting Burden statement.
Mail all transmittals to: HUD, c/o Nations Bank, P.O. Box 100569, Atlanta, GA 30384.

OMB Approval No. 2502-0423

Type Purchase (Complete Parts 1, 2 & 3 (except 3b)) Refinance (Regular or Streamline) without Netting (Complete Parts 1, 2, & 3 (except 3b)) Refinance (Regular or Streamline) with Netting (Complete Parts 1, 2, 3 & 4)

Part 1 Mortgagee Information

1a Reason for Payment
 Initial UFMIP on a new loan Additional UFMIP on an underpayment Late Charge/Interest

1b Mortgagee Name (print): _____

1c Mortgagee Number (10 digits): _____

1d Name of person to be contacted regarding this payment: _____

Instructions: Part 1 Mortgagee Information

1a Check the appropriate box(es) to indicate the purpose of the transmittal.

1b Enter the name of the remitting mortgagee.

1c Enter the remitting mortgagee's HUD assigned number. The UFMIP statement of account confirming receipt of the funds will be sent to the related address in HUD's records.

1e Phone Number (include area code): _____ Ext: _____

Part 2 New Case Mortgage Data

2a FHA Case Number: _____

2b Closing Date (mm/dd/yyyy): _____

2c Term in Months

(1) 1 to 215 months
 (2) 216 to 264 months
 (3) 265 to 300 months
 (4) over 300 months

2d Portion of UFMIP Financed %: _____

2e Borrower's Loan Number or Last Name: _____

Instructions: Part 2 New Case Mortgage Data

2a Enter the FHA Case Number assigned by the HUD Field Office.

2b Enter the closing date of the mortgage.

2c Check the applicable box as indicated by the number of payments in the mortgage.

2d Enter the percent of UFMIP financed in the mortgage, e.g. 0% or 100%.

2e Enter the borrower's loan number or the borrower's last name. HUD will include this information on the UFMIP statement of account to assist mortgagees in matching statements to the appropriate mortgage file.

Part 3 New Case UFMIP Data

3a UFMIP for New Mortgage: \$ _____

3b UFMIP Refund Credit (see instructions): \$ _____

3c Net UFMIP (3a minus 3b): \$ _____

3d Late Charge Due (4% of 3c): \$ _____

3e Interest Due: \$ _____

3f Total Check Amount (3c plus 3d plus 3e): \$ _____

Instructions: Part 3 New Case UFMIP Data

3a Enter the UFMIP due HUD as shown on form HUD-1, Settlement Statement, or if applicable, the additional UFMIP being remitted.

3b If the UFMIP refund credit in item 4h is less than item 3a, enter the amount from 4h. If the refund credit in item 4h is equal to or greater than item 3a, enter the amount equal to 3a. Note: This item is not applicable for additional UFMIP remittances.

3c Enter the net amount of UFMIP due HUD. This amount may be \$0.00 if a refund credit equals or exceeds the amount of UFMIP due in item 3a (see Part 4).

3d A 4 percent late charge shall be paid if the UFMIP is not expected to reach HUD within 15 days of the closing date entered in item 2b. Enter 4% of the Net UFMIP shown in item 3c.

3e In addition to the late charge, daily interest shall be paid on the Net UFMIP (item 3c) from the closing date if the UFMIP payment is not expected to reach HUD within 30 days of the closing date. Use the current value of Federal funds rate (published annually in the Federal Register) to compute the interest due.

3f Enter the total of items 3c plus 3d plus 3e. This amount must equal the amount of the check. An individual check is required for each form HUD-27001. Do not combine remittances.

Part 4 Old Case UFMIP Refund Data for FHA Refund Credit

4a FHA Case Number (Old Case): _____

4b Computed Premium (Old Case): \$ _____

4c Period of Insurance (in Months): _____

4d Term of Mortgage (in Months): _____

4e Original Mortgage Amount (Dollars only): \$ _____

4f Premium Refund Factor (if less than 4 digits, leave last space blank): _____

4g UFMIP Earned by HUD (4b minus 4h): \$ _____

4h UFMIP Refund Credit (4b x 4f): \$ _____

4i Less UFMIP Refund (4h minus 3a): \$ _____

Instructions: Part 4 Old Case Refund Data for FHA Refund Credit

This section must be completed when a UFMIP refund credit is applied toward the new UFMIP due HUD during the refinancing of an existing FHA insured mortgage. The data required pertains to the "old" FHA mortgage and computation of the refund credit from the UFMIP on the "old mortgage."

4a Enter the FHA Case Number of the "old mortgage" being refinanced. This number is on the Mortgage Insurance Certificate.

4b Enter the amount of UFMIP/OTMIP computed for the original mortgage being refinanced.

4c Enter the number of months the insurance was in effect for the loan being refinanced.

4d Enter the number of months required to pay the original mortgage through its term.

4e Enter the mortgage amount from the mortgage instrument.

4f Enter the earned factor using the instructions for computing a refinance credit.

4g Subtract the UFMIP refund credit (4h) from the old case computed premium (4b).

4h Multiply the old case computed premium (4b) by the premium refund factor (4f).

4i Subtract 3a from 4h. This amount will be refunded to the Mortgagee.

Previous editions are obsolete.

Netting Authorization Number (5 digits)
(Although not required, it is advisable to obtain this number to ensure that the Refund Credit will be available.)

ref Handbook 4110.2 form HUD-27001 (1/94)

**Risk-Based
Annual Premiums:
Monthly Remittance Summary**

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



Single Family Mortgage Insurance

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1. Mortgagee's ID or Servicer No. (5 digit) Mortgagee's Name & Address

2. Contact Person (most familiar with this material) Contact's Telephone No. 3. Remittance Month & Year (mm/yy)

4. Remittance Summary

a. Premiums Remitted	\$
b. Plus Late Charge @4% (if submitted after the 10th)	\$
c. Plus Interest Charge (see instructions)	\$
d. Total Remittance Enclosed	\$

5. Total Number of Individual Mortgages Represented by this Remittance

6. Remittance Payment Method (check one. The application you check must be used for all cases in your portfolio)
- a. This remittance represents the total of all Single Family risk based premium payments collected for mortgagees during the preceding calendar month plus the total annual premium payments due to HUD during this reporting period for Single Family risk based mortgage insurance under the HUD program.
 - b. This remittance represents 1/12 of the total annual premiums for all HUD-insured Single Family risk based mortgages serviced by my organization during the preceding calendar month, plus the total annual premium payments due to HUD during this reporting period for Single Family risk based mortgage insurance under the HUD program.

Each mortgagee servicing Single Family HUD Mortgages must complete this remittance form and send it to HUD monthly.
Each payment check must be accompanied by a remittance form.

Mail this form and the payment to:
U. S. Department of Housing and Urban Development (HUD)
Risk-Based Insurance Premiums
Post Office Box 198053
Atlanta, Georgia 30384-8053

For Courier service, send this form along with your payment to:
Department of Housing and Urban Development (HUD)
Risk-Based Insurance Premiums
Nations Bank Wholesale Lockbox Department (3SSE)
6000 Fieldwood Road
College Park, Georgia 30349

- Instructions for Completing this Remittance Form**
- Mortgagee's ID, Name & Address:** Any company that has multiple mortgagee identification numbers should elect one mortgagee identification number for all companies. Verify the mortgagee number prior to submission.
 - Remittance Month & Year:** Enter the calendar month and year in which the Monthly Insurance Premium (MIP) payments are due HUD. The remittance form and one check should be used for this remittance month only. A separate form is required for each prior month's payment by separate check.
 - Remittance Summary:**
 - Enter the actual amount of all risk based monthly mortgage insurance premiums being paid for the designated remittance month.
 - If the payment is made later than the 10th of the month, enter 4% of the amount on line a.
 - If the premium is remitted 30 or more calendar days after the payment due date, enter the amount of interest charges. Interest rates are established by the Department of Treasury. Use the current value of Federal funds rate (published quarterly in the Federal Register) to compute the interest due.
Formula:
$$\text{Interest} = \frac{(\text{Amount of Premium} \times \text{Annual Rate})}{365 \text{ days}} \times \text{Number of Days Late}$$
 - Total of lines a, b, and c.** The amount of the check enclosed with this form must equal the amount on Line d. Line a should equal the total premium amounts specified on the loan level detail data sent in separately to HUD's Reconciling Agent.
 - Remittance Method:** The servicing mortgagee may choose either of two payment methods:
 - remittance of the exact premiums collected in the prior month, or
 - remittance of 1/12 of all annual premiums for all cases serviced.
 Once selected, the servicing mortgagee cannot change the method of remitting monthly premiums without prior approval from HUD. Therefore, the payment method chosen on the mortgagee's first remittance form must be used each month.