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
(exp. 2/29/2004)

1a. **FHA Case Number:**

1b. **Address of the FHA Insured Property:**

1c. Mailing Address: (Don't write in this block. Make any corrections in block 4 or 6.)

1d. Notice Number
1e. Termination Date: .....
1f. Premium Refund: .....
1g. Source .....
1h. Original Mortgage: .....
1i. Distributive Share: .....
1j. Address Key ...
1k. Computed Prepaid Premium:
1l. Total Refund: .....

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.

Please print all information

2a. Date You Purchased the Property (mm/dd/yy)
2b. Date Paid in Full (mm/yyyy)

Make sure you entered the month & year in block 2b.

Property Owner No. 1 (Do not show a deceased owner)

(For two equal owners, enter 50% in Items 3d & 5d; for example, husband & wife,)

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 (c/o) . . ." name (30 letters, max.)
C/O
4b. Number & Street (30 characters, max.)
4c. City (25 letters, max.)
4d. State (2 letters)
4e. Zip Code (give all 9 digits if known)

Property Owner No. 2 (Do not show a deceased owner)

(For two equal owners, enter 50% in Items 3d & 5d; for example, husband & wife,)

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 (c/o) . . ." name (30 letters, max.)
C/O
6b. Number & 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

(type in name) _____

Signed and sworn to before me this _____ day of _____ , 19 ___ .

Notary Public

(signature) X_____

My Commission expires _____ , 19 ____ .

11. Notary Seal

Upon completion, send this form and attachment(s) to:
U.S. Dept. of Housing & Urban Development , PO Box 44372, Washington DC 20026-4372.

form **HUD-27050-B** (3/2001)