



Dear Occupant:

Enclosed in this package are the forms to be completed, along with general information about the Occupied Conveyance Request process.

Please include your name, address, and **FHA case number** (if available) on all documents you submit. If you are a tenant, please provide a copy of your lease with your completed forms.

If you wish to submit a request to continue to live in this property **after HUD becomes the owner**, your written request must be received in our office within 20 days from the date on the "Notice of Pending Acquisition" letter you received from your mortgage company. Verbal requests are not permitted.

Please use the enclosed "**Request for Occupied Conveyance**" form in making your request, as it provides the information needed to make a decision. On a separate page, please include an explanation as to which "Condition for Continued Occupancy" you feel that you meet and include it with the forms.

If you are applying for continued occupancy based on an illness, injury, or other medical condition, please include a letter from a state certified physician that validates your claim, and include a projected date for which you could vacate the property.

You may substitute copies of your last two months paycheck stubs in lieu of the "Employment Verification" form.

- If HUD approves your request to remain in the property, it will only be for a temporary period of time.
- If HUD denies your request, you will be given an opportunity to ask that the denial be reconsidered and furnish additional information to support the reason for your request.
- If HUD does not become the owner of this property, any decision it may make with respect to your continued occupancy will no longer apply.

Send the completed forms and any additional information to:

ISN Corporation
Attn: Occupied Conveyance Department
2401 N.W. 23rd St., Suite 1D
Oklahoma City, OK 73107

You can also fax forms to: 405-602-6787

For questions, call toll free: (888) 719-7835

TEMPORARY NATURE OF CONTINUED OCCUPANCY

This is to advise you that occupancy of HUD-owned property is not permanent but is only temporary in all cases and is subject to termination to facilitate preparing the property for sale and completing its sale.

Temporary means that your lease arrangement with HUD is subject to termination at the convenience of the government upon 30 days' notice. You should not view your living in this property as a permanent or long-term arrangement. It is HUD's policy to ask you to vacate the property and, if necessary, take appropriate eviction action for the following causes:

1. Failure to execute the lease
2. Failure to pay the required rent, including the initial payment at the time of execution of the lease.
3. Failure to comply with terms of the lease.
4. Failure to allow access to the property to accomplish necessary repairs, inspect the property, or allow real estate brokers/agents to show the property to a prospective purchaser.
5. Preparation of the property for sale.
6. Assignment of the property by the Field Office to a different use or program.

CONDITIONS FOR CONTINUED OCCUPANCY

The following conditions must be met before HUD can approve the occupied conveyance of an acquired property:

1. One or more of the following must be met:
 - a) Your occupancy is necessary to protect it from vandalism.
 - b) The average time in inventory for HUD's unsold inventory in the residential area in which the property is located exceeds six months.
 - c) respect to two-to-four-unit properties, the marketability of the property would be improved by your continuing in occupancy.
 - d) An individual residing in the property suffers from a permanent, temporary, or long-term illness or injury that would be aggravated by the process of moving from the property.
2. The house must be habitable (except for approval under condition 1(d)).
3. You must have been living in the house at least 90 days prior to the date the lender acquires title to the house (except for approval under condition 1(d)).
4. You must agree to sign a month-to-month lease at fair market rental on a form prescribed by HUD at the time HUD acquires the house.
5. You must have the financial ability to make the monthly rental payments under the terms of the lease.
6. You must agree to pay one month's advance rent when you sign the lease (except for approval under conditions 1(d)).
7. You must allow access to the property during normal business hours:
 - a) by HUD representatives for a physical inspection of the property, with two days' notice.
 - b) By HUD contractors doing repairs, with two days' notice.
 - c) By real estate brokers/agents and their clients.
8. You must disclose and verify the Social Security Numbers of all family members six years of age and older.

Request for Occupied Conveyance

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

OMB Approval No. 2502-0429 (exp. 12/31/2017)

Public reporting burden for this collection of information is estimated to average 0.25 hours per mortgagee and 0.5 hours per occupant, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Privacy Act Statement: The Department of Housing and Urban Development (HUD) is authorized to collect this information by 24 CFR 203.675 (b)(3). Section 165 of the Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires persons applying for assistance under HUD programs to furnish his or her Social Security Number (SSN). The information will enable HUD to determine whether you qualify as a tenant, to maintain tenant rental accounts, and will provide the basis for facilitating the management and administration of the property disposition program. The information will be released to the local real estate broker who manages the property to facilitate property management. The information may be used to facilitate collection of overdue rents and may be released to collection agencies, consumer reporting and commercial credit agencies, and attorneys hired by the Department. It may also be released to appropriate Federal, State, and local agencies to facilitate collection of rent and, when relevant, to civil, criminal, or regulatory investigations or prosecutions. The information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested, including all SSNs you and all other household members age six (6) years of age and older, have and use. Giving the SSNs of all family members 6 years of age and older is **mandatory**; failure to provide the SSNs will affect your eligibility in the program. Failure to provide the requested information may result in a delay or rejection of your request to remain as an occupant.

This form does not supersede the Mortgagee's and/or Servicer's required compliance to the Protecting Tenants at Foreclosure Act (PTFA).

This form must be completed by the Occupant(s). When completed, send to HUD's Mortgagee Compliance Manager (MCM). The address, fax, or email information of HUD's current MCM can be found at <http://www.hud.gov/offices/hsg/sfh/nsc/mcm.cfm> or you can call 1-800-Call-FHA

Property Address:	Unit No.:
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City, State & Zip Code:

Name of Mortgage Company (Lender):	Mortgage Loan No.:	FHA Case No.:
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Dear Sir:

I(We) desire to continue in occupancy as a tenant of this property if acquired by HUD. I(We) have lived in this property since _____ (please insert date). I(We) will sign a month-to-month lease and pay one month's rent within 15 days of the lease being presented to me(us). I(We) believe that I(we) can afford to make monthly rental payments. In my(our) opinion, this property, in its "present" condition is structurally sound, free from health and safety hazards, and is otherwise habitable.

You may contact me(us) for arranging a convenient time for HUD's required inspection at the following telephone number _____ or my(our) representative at _____.

(HUD must be able to make contact during normal working hours.)

I(We) understand that HUD's approval of my(our) request will, in part, be based on my(our) ability to make monthly rental payments.

To assist HUD in making its determination, I(we) submit the following information concerning my(our) income:

Occupant's Name :	Occupation :	Social Security No.	Gross Pay Per Month \$
Employer's Name and Address :			Employer's Telephone No.
Spouse's Name :	Occupation :	Social Security No.	Gross Pay Per Month \$
Employer's Name and Address :			Employer's Telephone No.

Names and Social Security Nos. of all Other Household Members 6 yrs. or older:

Other Family Income (explain):	Other Sources of Income (if any):
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Obligations (list all obligations including car loans, installment payments, and credit cards)			
Creditor's Name	Address (include city, State, & zip code):	Present Balance	Monthly Payment
		\$	\$

You have my(our) permission to contact any of the above for verification purposes.

Occupant's Signature :	Spouse's Signature :	Date :
X	X	



Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: **Lender** — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request

1. To (Name and address of employer)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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Part II — Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period)				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly				Pay Grade		
				Type	Monthly Amount	15. If paid hourly — average hours per week
				Base Pay	\$	
12B. Gross Earnings				Rations	\$	16. Date of applicant's next pay increase
Type	Year To Date	Past Year 19__	Past Year 19__	Flight or Hazard	\$	
Base Pay	Thru ____ 19__	\$	\$	Clothing	\$	17. Projected amount of next pay increase
Overtime	\$	\$	\$	Quarters	\$	
Commissions	\$	\$	\$	Pro Pay	\$	18. Date of applicant's last pay increase
Bonus	\$	\$	\$	Overseas or Combat	\$	
Total	\$	\$	\$	Variable Housing Allowance	\$	19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)
22. Date Terminated	Base _____ Overtime _____ Commissions _____ Bonus _____
24. Reason for Leaving	25. Position Held

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	