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## APPENDIX XI-6 SCRA LOAN ELIGIBILITY INFORMATION

**OMB Approval No. 2503-0033 (Exp.11/30/2008)**

Public reporting for this information collection is estimated to average 2 minutes 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. This agency may not collect this information, and you are not required to submit this form, unless it displays a valid OMB control number.

The information is required by Section 306(g) of the national Housing Act or by the Ginnie Mae Handbook, 5500.3, Rev. 1. The purpose is to provide a form Issuers may use to request SSCRA loan eligibility. The information will not be disclosed outside the Department without prior consent, except as required by law.

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Attach copy of military orders evidencing borrower's active federal duty status.

### I. Issuer Information

1. Issuer number (4 digits):        \_\_\_\_\_
2. Issuer name: \_\_\_\_\_
3. Issuer mailing address: \_\_\_\_\_  
\_\_\_\_\_
4. Pool number: \_\_\_\_\_

### II. Borrower Information

1. FHA/VA/RD/PIH case number: \_\_\_\_\_
2. Issuer loan number: \_\_\_\_\_
3. Borrower's full name: \_\_\_\_\_
4. Borrower's social security number: \_\_\_\_\_
5. Property address: \_\_\_\_\_  
\_\_\_\_\_
6. Note rate: \_\_\_\_\_
7. Date of first payment, per Note: \_\_\_\_\_

### III. United States Military Reserve or National Guard Information

1. Military effort: \_\_\_\_\_
  2. Active federal duty start date: \_\_\_\_\_
  3. Expected release date: \_\_\_\_\_
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4. Date of request for relief borrower: \_\_\_\_\_
  5. Military orders verified: Yes ( ) No ( )

I hereby certify that I have verified and documented that the above borrower is entitled to the interest rate forgiveness under the Servicemember's Civil Relief Act. By signing this statement, I hereby certify that the information contained herein and electronically transmitted as part of this request is true and accurate to the best of my knowledge and belief.

Warning: HUD will prosecute false claims and statements to the full extent of the law. Convictions may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

By: \_\_\_\_\_  
Authorized Signature Telephone Number (include Area Code)

\_\_\_\_\_  
Printed Name Date: \_\_\_\_\_

\_\_\_\_\_  
Title

The above information must be submitted and approved by Ginnie Mae prior to submitting a request for reimbursement. Please submit this information to Deloitte & Touche, LLP  
ATTN: Ginnie Mae – SCRA , – 5<sup>th</sup> Floor, 1750 Tysons Boulevard, McLean, VA 22102.