
APPENDIX VII-2 REMAINING PRINCIPAL BALANCE (RPB) SUBMISSION FORMATS FOR HMBS POOLS

Applicability: Ginnie Mae II HMBS Program.

The following formats are provided to assist issuers in submitting initial RPB reports no later than 7:00 p.m. (Eastern time) on the second business day of each month. These formats are for use in conjunction with instructions contained in Chapters 19 and 35 of the Ginnie Mae MBS Guide. Issuers must submit such RPB initial reports by *GinnieNET*. All corrections to such initial reports must be transmitted through *GinnieNET*. Issuers using web-based *GinnieNET* must follow the instructions available online. Compact disc (CD) reporting may only be used in situations where electronic means are unavailable due to an emergency.

Page 2 - 3. RPB Data File Reporting Instructions

Must be used by issuers to set up HMBS RPB data files to be submitted to the CPTA on CD (in case of emergency only), or through standard transmission through web-based *GinnieNET*.

Page 4. Transmittal Format for RPB Compact Disc Report [Only in Case of Emergency].

Must accompany compact disc reports submitted to the CPTA when standard electronic transmissions are unavailable due to an emergency. Complete format and send to the CPTA via overnight courier. All CD reports must be submitted to the CPTA (see [Addresses](#)).

HMBS RPB & Prepayment File Layout

Header

Field#	Field Name	Start	End	Length	Remarks
1	Record type	1	3	3	Constant ‘//H’
2	Filler	4	33	30	
3	Date Created	34	41	8	YYYYMMDD
4	RPB ID	42	51	10	07839999B9
5	Filler	52	100	49	

1. Record Type: The letter H will be the record type for the header record
2. Filler:
3. Date Created: The date the file was created
4. RPB ID: The ID used to report remaining principal balances. The first 4 digits are always 0783, the next four digits is the issuer number followed by “B” which indicates Ginnie Mae II and the last digit is a check digit.

RPB & Prepayment Record

Field#	Field Name	Start	End	Length	Remarks
1	Issuer ID	1	4	4	
2	Pool Number	5	10	6	999999
3	Issue Type	11	11	1	“H”
4	Pool Type	12	13	2	
5	Filler	14	23	10	
6	Report Period	24	27	4	YYMM
7	RPB Amount	28	39	12	999999999999
8	WAC	40	44	5	99999
9	Filler	45	76	32	
10	Payment Amount	77	88	12	999999999999
11	Filler	89	100	12	

1. Issuer ID: Number Ginnie Mae assigned to this HECM Mortgage-Backed Securities issuer organization.
2. Pool Number: The Ginnie Mae Pool identifier; the number assigned by Ginnie Mae at pooling to the pool/loan package.
3. Issue Type: Always equal to “H”.
4. Pool Type: The type of HECM pool, defined as follows:
 - RF - Fixed Rate
 - RA - One Year Adjustable Rate, CMT

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- RM - Monthly Adjustable Rate, CMT
 - AL - One Year Adjustable Rate, LIBOR
 - ML - Monthly Adjustable Rate, LIBOR
5. Filler:
6. Report Period: The record date for which the report is being submitted entered as month and year.
7. RPB Amount: The remaining principal balance of the HMBS pool as of the record date including the monthly interest accrual. There is an implied decimal before the last two digits.
8. WAC: The weighted average coupon for the pool. There is an implied decimal before the last three digits.
9. Filler
10. Total Amount: The total amount to be paid to investors for the reporting period. The pool RPB should have been reduced by this total amount. There is an implied decimal before the last two digits.
11. Filler

Trailer Record

Field#	Field Name	Start	End	Length	Remarks
1	Record Type	1	3	3	Constant ‘//T’
2	Record Count	4	13	10	9999999999
3	Filler	14	100	87	

1. Record Type: //T will be the record type for the trailer record
2. Record Count: The number of records included in the file
3. Filler:

[EMERGENCY USE ONLY]

**TRANSMITTAL FORMAT
FOR RPB CD REPORT**

Issuer

Street Address

Street Address

City, State, and Zip Code

Date

RPB Report ID No. 0783 _____

The Bank of New York
Attn.: HMBS RPB Reporting
Ginnie Mae Relationship Services
101 Barclay Street, 8E
New York, NY 10286

To Whom It May Concern::

This transmits, by CD, RPB information for the Ginnie Mae HMBS Program. Should any clarification of this data be needed, please contact _____ at _____.

By