

## APPENDIX XI-8 SCRA QUARTERLY REIMBURSEMENT REQUEST

OMB Approval No. 2503-0033 (Exp. 09/30/2010)

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. Ginnie Mae 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 SCRA loan reimbursements. The information collected will not be disclosed outside the Department except as required by law.

Issuer Name: \_\_\_\_\_

Issuer Number: \_\_\_\_\_

Issuer Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Quarter Ending: \_\_\_\_\_

CASE NUMBER	POOL NUMBER	NOTE INTEREST RATE	DIFFERENCE BETWEEN NOTE RATE AND 6%	DUE DATE OF COLLECTION RECEIVED	TOTAL PAYMENT RECEIVED (P&I ONLY)	AMOUNT OF INTEREST DUE AT NOTE RATE	SCHEDULED PRINCIPAL APPLIED TO LOAN	ADDITIONAL PRINCIPAL APPLIED TO LOAN	INTEREST COLLECTED PER SSCRA	REMAINING PRINCIPAL BALANCE OF LOAN	AMOUNT ELIGIBLE FOR REIMBURSEMENT
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- 1.
- 2.
- 3.
- 4.
- 5.

TOTAL \$ \_\_\_\_\_

I hereby certify that I have verified and documented that the above borrower(s) is entitled to the interest rate forgiveness under the Servicemembers' 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 (including Area Code)

\_\_\_\_\_  
Printed Name and Title

Date: \_\_\_\_\_

This form must be received by Deloitte & Touche, LLP, ATTN: Ginnie Mae – SCRA – 5<sup>th</sup> Floor, 1750 Tysons Boulevard, McLean, VA 22102.