

4400 Will Rogers Parkway, Suite 300 Oklahoma City, OK 73108 Fax: 405-595-5005

#### 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 the 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 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 documentation to:

Michaelson, Connor & Boul Attn: Occupied Conveyance Department 4400 Will Rogers Parkway, Suite 300 Oklahoma City, OK 73108

You can also fax forms to: For questions, call toll-free: 405-595-5005 1-877-517-4488

#### 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 the terms of the lease.
- 4. Failure to allow access to the property to accomplish necessary repairs, inspect the property, or allow real estate brokers 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. With 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 condition 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 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. 2502-0268 (exp.1/31/2013)

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).

Names and Social Security Nos. of all Other Household Members 6 yrs. or older:  Other Family Income (explain):  Other Sources of Income (if any):  Obligations (list all obligations including car loans, installment payments, and credit cards)  Creditor's Name  Address (include city, State, & zip code):  Present Balance  Monthly Paymen  \$ \$  You have my(our) permission to contact any of the above for verification purposes.  Occupant's Signature:  Date:	Property Address:					Unit No.:			
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	City, State & Zip Code:								
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									
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	Name of Mortgage Company (Lender):		Mortgage Loan No.:			FHA Case No.:			
	Dear Sir:								
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.  """""""""""""""""""""""""""""""""""								•	
"Condition is structurally sound, free from health and safety hazards, and is otherwise habitable."  """"""""""""""""""""""""""""""""""	**							_	
To unay contact me(us) for arranging a convenient time for HUD's required inspection at the following telephone number or my(our) representative at	-				-	opinion, this	property	, in its present	
or my(our) representative at  "TitluD must be able to make contact during normal working hours." "TitluD must be able to make contact during normal working hours." "To assist HUD in making its determination, I(we) submit the following information concerning my(our) income:    Occupation:	-	-				following tal	nhono	numbar	
"THUD must be able to make contact during normal working hours.) "To 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:    Occupation:						_	_		
"T(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:				resentative at				·	
"To assist HUD in making its determination, I(we) submit the following information concerning my(our) income:  Occupant's Name:  Occupation: Social Security No. Signature:  Employer's Telephone No.  Spouse's Name and Address:  Employer's Telephone No.  Spouse's Name and Address:  Employer's Telephone No.  Spouse's Name and Address:  Employer's Telephone No.  Social Security No. Gross Pay Per Month  Semployer's Telephone No.  Other Family Income (explain):  Other Family Income (explain):  Other Sources of Income (if any):  Obligations (list all obligations including car loans, installment payments, and credit cards)  Creditor's Name  Address (include city, State, & zip code):  Present Balance  Monthly Paymen  \$  \$  You have my(our) permission to contact any of the above for verification purposes.  Spouse's Signature:    Date:		-		sed on my(our) ability	to make n	nonthly rental	paymen	ts.	
Employer's Name and Address:  Cocupation:  Spouse's Name:  Cocupation:  Social Security No.  Gross Pay Per Month  Employer's Telephone No.  Other Sources of Income (If any):  Other Family Income (explain):  Other Family Income (explain):  Obligations (list all obligations including car loans, installment payments, and credit cards)  Creditor's Name  Address (include city, State, & zip code):  Present Balance  Monthly Paymen  \$  \$  You have my(our) permission to contact any of the above for verification purposes.  Spouse's Signature:  Date:									
Employer's Name and Address:    Cocupation:   Social Security No.   Gross Pay Per Month   \$	Occupant's Name :		Occupation	n :	Social Sec		Gross	Pay Per Month	
Spouse's Name :   Occupation :   Social Security No.   Gross Pay Per Month						\$			
\$ Employer's Name and Address:  Dither Family Income (explain):  Other Sources of Income (if any):  Obligations (list all obligations including car loans, installment payments, and credit cards)  Creditor's Name  Address (include city, State, & zip code):  Present Balance  Monthly Payments  \$  You have my(our) permission to contact any of the above for verification purposes.  Docupant's Signature:  Date:	Employer's Name and Address :			_		Emplo	oyer's Telephone No.		
Employer's Name and Address:  Names and Social Security Nos. of all Other Household Members 6 yrs. or older:  Other Family Income (explain):  Other Sources of Income (if any):  Obligations (list all obligations including car loans, installment payments, and credit cards)  Creditor's Name  Address (include city, State, & zip code):  Present Balance  Monthly Paymen  \$  \$  You have my(our) permission to contact any of the above for verification purposes.  Docupant's Signature:  Date:	 Spouse's Name :		Occupation	n :	Social Security No.		Gross	Pay Per Month	
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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 Paymen  \$  Source of the above for verification purposes.  Doccupant's Signature:  Date:	Names and Social Security Nos. of all Other	Household Members 6 yrs. or olde	r:						
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You have my(our) permission to contact any of the above for verification purposes. Occupant's Signature : Spouse's Signature : Date :	Croater o Hamo	Address (include city, otate,	a zip coc	C).			41100		
Occupant's Signature : Spouse's Signature : Date :						Ψ		Ψ	
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Occupant's Signature : Spouse's Signature : Date :									
Y Y	You have my(our) permission to contac Occupant's Signature :	any of the above for verification						Date :	
	¥		X						

Form RD 1910-5 (Rev.08-13)

# UNITED STATES DEPARTMENT OF AGRICULTURE HOUSING AND URBAN DEVELOPMENT VETERANS ADMINISTRATION

(Community Planning and Development, and Housing - Federal Housing Commissioner)

Form Approved OMB No. 0575-0172

#### REQUEST FOR VERIFICATION OF EMPLOYMENT

LENDER, LOCAL PROCESSING AGENCY (LPA), AND LOAN PACKAGER: Complete items 1 through 7. Have the applicant complete item 8 and sign. Forward the completed form directly to the employer named in item 1. CONTRACTOR: Complete items 1 through 7. Have applicant or borrower complete item 8 and sign. Forward the completed form directly to the USDA or lender office identified in item 2. EMPLOYER/PROVIDER: Complete either parts II and IV or parts III and IV. Return form directly to the office identified in item 2 of Part 1

item 2 of Part 1.												
				PART I	- RE	QUEST						
1. TO: (Name and Addres	ss of Employer)					2			ddress of Lende npleted before s		cal Processing Agency to employer.	
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.						4. TITLE OF LENDER OFFICIAL OF LPA, USDA OFFICIAL, MFH PROJECT MGR., OR USDA LOAN PACKAGER			DATE      HUD/FHA/CPD, VA OR USDA NO.			
(Signature of Lender, Official of	LPA, USDA Official/U	JSDA Loan Paci	kager or Gov	ernment contractor)								
7. NAME AND ADDRESS OF APPLICANT						I have applied for a mortgage loan, a farm loan or a rehabilitation loan or to be an occupant in an MFH project and stated that I am or was employed by you. My signature in the block below authorizes verification of my employment information.  8. TAXPAYER'S IDENTIFICATION NO. OR SOCIAL SECURITY NO.						
					:	SIGNATURE OF APPLICANT						
		PAR	T II - VFR	IFICATION OF PRE	SENT	F EMPLOYMENT/IN	COME					
EMPL	OYMENT DATA			IIIOATION OF TIKE	.02.111	LIMI LOTMENTALIA	PAY D	ATA				
9. APPLICANT'S DATE OF EMPLOYMENT			12A. BASE PAY (Current) OR OTHER INCOME					For Military Personnel Only				
10. PRESENT POSITION				Monthly \$ We				_ $\square$ Weekly	Туре		Monthly Amount	
			\$	Other (Specify)					BASE PAY		\$	
11. PROBABILITY OF CO	NTINUED EMPLO	OYMENT		12B. EARNINGS					RATIONS		\$	
				Туре		Year to Date as	Pasi	t Year	FLIGHT OR HAZARD		\$	
					of _				CLOTHING		\$	
13. IF OVERTIME OR BONUS IS APPLICABLE IS ITS CONTINUANCE LIKELY?			<b>—</b>	BASE PAY	\$		\$		QUARTERS		\$	
OVERTIME	☐ Yes	□No	<u> </u>	OVERTIME	\$		\$		PRO PAY		\$	
BONUS	Yes	☐ No		COMMISSIONS BONUS	\$ \$		\$		OVERSEAS ( COMBAT	JK	\$	
14. REMARKS (If paid hoເ	ırly, please indica	te average h	ours work	ed each week during	curre	ent and past year)			•		•	
a. Number of hours worked per week		ted increase		se		c. Anticipated overtime hours to be worked in next 12 months			d. If seasonal employment, anticipated number of weeks in the next 12 months			
			PART I	II - VERIFICATION	OF PF	REVIOUS EMPLOY	MENT					
15. DATES OF EMPLOYMENT			16. SALARY/WAGE AT TERMINATION I			ER YEAR MONTH WEEK						
			BASE PAY \$		OVERTIME \$	COMMIS \$		SIONS BON		US		
17. REASONS FOR LEAV	ING					18. POSITION HEL	D					
					PAR1	ΓIV						
Federal statutes provide agency or officer with the				any person who k	nowir	ngly makes false or	r fraudulent	statements	or representa	ions to	o a government	
19. SIGNATURE				20. TITLE OF EMPLOYER				2	21. DATE			
Printed name and phone number				1								

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 15 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.

## NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION INMRMAHON

The information requested on this form is authorized to be collected by the Rural Housing Service (RI-IS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42USC 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C 1921 et seq.), or by other laws administered by RHS ,RBS, RUS or FSA

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

- 1. When a record on its face, or in conjunction with other records. indicates a violation or potential violation of law,, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting Such violation or charged with enforcing or implementing the Statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
- 2. Record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.
- 3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L.104-134, Section 31001.
- 4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
- 5. Referral of names, home addresses, social security numbers. and financial information to a collection or servicing contractor, financial institution. or a local, State, or Federal, agency when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
- 6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c), any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in Such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
- 7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit Sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.
- 8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 CFR.301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C.3720A.
- 9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by Voluntary repayment, administrative or salary offset procedures, or by collection agencies.
- 10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
- 11. Disclosure of names, home addresses. social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be Lender the direct and guaranteed loan programs.
- 12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
- 13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States government, is a party to litigation or has an interest in such litigation and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by agency to be for a purpose that is compatible with the purpose for which tile agency collected the records.

#### NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION - CONTINUED

- 14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
- 15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies. as well as those responsible for verifying information furnished to qualify for Federal benefits to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations mid appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits,
- 16. Referral of names, home addresses, and financial information to financial Consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
- 17. Rural Development, in accordance with 31 U.S.C. 3711 (e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
- 18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
- 19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 US C. 1681 a(f) or the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).