

Tracer - Claimant Refund Case Request Form

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

OMB Approval No. 2502-0414
(exp. 02/28/2027)

Revised 04/24

NOTICE: You DO NOT need to pay another person or firm to assist you in collecting your refund. If you need assistance call our support center at **(800) 697-6967** or email us at SF.Premiums@hud.gov.

Public Reporting Burden Statement: Public Reporting Burden for this collection of information 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0414), Washington, D.C., 20503. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Do not send this completed form to either of the above addresses.

Privacy Act Statement: Authorities: Section 203(a) of the National Housing Act of 1934 (12 U.S.C. § 1709(a)); 24 CFR 203.35. Section 7(d) of the Department of Housing and Urban Development Act of 1965 (42 U.S.C. § 3535(d)); 24 CFR 5.210; 24 CFR 200.1101. The Housing Community Development Act of 1987, 42 U.S.C. 3543(a). Section 4 of the Debt Collection Act of 1982, 31 U.S.C. § 7701(b). Section 31001 of the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3711(g)(9). **Purpose:** One mission of HUD's Office of Financial Services – Single Family Insurance Operations Division (SFIOD) is to pay eligible homeowner refunds. HUD will make every effort to ensure payment owed to homeowners is done in a cost-effective and timely manner. **Routine Use:** The information collected by the Form HUD-5999 will be used by SFIOD to evaluate and correctly process refunds. The information will not be disclosed outside HUD except to verify its accuracy with FHA lenders; to appropriate agencies, entities, and persons when HUD needs to mitigate a breach or incident involving PII; to authorized requesters or third-party tracers to locate homeowner refund information; to address FOIA related request, and to authorized federal agencies for disbursement of funds or authorized inquiries. **Disclosure:** All the information requested on the Form HUD-5999 is voluntary. Failure to provide information may delay the processing, or result in the rejection, of the individual's application for a refund. Completion and submission of the information requested conveys your consent to all uses of your information.

Distributive Shares and Refund Subsystem SORN: <https://www.govinfo.gov/content/pkg/FR-2022-10-12/pdf/2022-22103.pdf>

HUD will not accept this form if there are any alterations or changes. Prohibited changes do not include filling in the form with the requested information.

Tracer Legal Name: _____

Doing Business As (DBA): _____

Street: _____ **Apt:** _____

City: _____ **State:** _____ **Zip:** _____

Point of Contact: _____

E-mail: _____

Phone: _____

CLAIMANT INFORMATION

FHA Case Number 10 Digits:

Claimant (1) Last _____ MI _____

First _____

Relationship to Claimant (please state whether claimant is the legal owner of record at the time of mortgage insurance termination identified on the signed Form HUD-27050-B (property owner), and if not, state claimant's relationship to the property owner, i.e. guardian, representative of the property owner's estate, or heir):

Current Address

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ circle one: Cell, Work, or Home. HUD will not process this form without a valid verifiable phone number.

Email Address:

Claimant 2 (if applicable) Last _____ MI _____

First _____

Relationship to Claimant (please state whether claimant is the legal owner of record at the time of mortgage insurance termination identified on the signed Form HUD-27050-B (property owner), and if not, state claimant's relationship to the property owner, i.e. guardian, representative of the property owner's estate, or heir):

Current Address

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ circle one: Cell, Work, or Home. HUD will not process this form without a valid verifiable phone number.

Email Address:

Claimant 3 (if applicable) Last _____ MI _____

First _____

Relationship to Claimant (please state whether claimant is the legal owner of record at the time of mortgage insurance termination identified on the signed Form HUD-27050-B (property owner), and if not, state claimant's relationship to the property owner, i.e. guardian, representative of the property owner's estate, or heir):

Current Address

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ circle one: Cell, Work, or Home. HUD will not process this form without a valid verifiable phone number.

Email Address:

Property Address (address of the property that was secured by the FHA-insured mortgage that is the subject of the refund application)

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Loan Origination Date MM/YYYY

After purchasing this property did the property owner (as defined above) ever transfer ownership or title?

Yes / No

If so when MM/YYYY _____ Please describe. (Example: property was quit claimed to my son in April 2008.)

We/I have been made aware that a _____ percentage of the refund will be paid to the tracer to assist in the refund. Yes / No _____ (please initial here)

We/I understand that we/I DO NOT need to pay another person or firm to assist us/me in collecting our/my refund and that we/I can contact HUD's support center at (800) 697-6967 or SF.Premiums@hud.gov. Yes / No _____ (please initial here)

Consent for Tracer to verify Claimant(s) Refund Case Request.

The Department of Housing and Urban Development is not a party to any financial agreement between the Claimant and Tracer. We/I have never received a premium refund associated with the above property, or case number. We/I fully consent to the tracer submitting this application on our behalf. Yes / No _____ (please initial here)

Power of Attorney

HUD will only accept a Tracer - Claimant Refund Case Request Form executed by a claimant's agent, acting by and through a Power of Attorney, on a case-by-case basis. Any agent who signs this Tracer Form under a Power of Attorney must demonstrate that the claimant is incapacitated in some way that renders the claimant incapable of signing this form on their own. Please contact the Single Family Insurance Operations Division Call Center (800) 697-6967 for questions regarding Power of Attorney.

This form is valid for 6 months from the last signature(s) date below.

Each signatory below hereby certifies that all the information provided in this Tracer - Claimant Refund Case Request Form and in any accompanying documentation is true, accurate, and complete, has been made, presented, and delivered for the purpose of influencing an official action of the FHA, and of the Commissioner, and may be relied upon by the Commissioner as a true statement of the facts contained therein. Each signatory hereby acknowledges that the submission of any false, fictitious, or fraudulent statement, representation, or certification in this Tracer - Claimant Refund Case Request Form or on any accompanying documents may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and/or imprisonment under applicable federal law.

Signature(s) of Claimant(s)/Tracer

1. _____
Claimant 1 Name

Date:
Claimant 1 Signature

2. _____
Claimant 2 Name

Date:
Claimant 2 Signature

3. _____
Claimant 3 Name

Date:
Claimant 3 Signature

4. _____
Tracer Name

_____ Date:
Tracer Signature

Upon completion, you must submit this form and attachments to HUD through one of the following methods:

1. E-mail at SF.Premiums@hud.gov
2. Fax to (301) 572-8079
3. Mail to Department of Housing and Urban Development PO Box 44372, Washington D.C. 20026-4372

The U.S. Department of Housing and Urban Development's Federal Housing Administration (FHA) allows homeowners to submit all documentation related to their application for a mortgage insurance premium refund to sf.premiums@hud.gov or by faxing it to (301) 572-8079. The e-mail link or fax option will provide alternative methods other than the U.S. Postal Service and will allow FHA to continue to process homeowner refunds in an effective and safe environment. If you have any questions, please contact the Single Family Insurance Operations Division Call Center (800) 697-6967.

SORN ID/URL: <https://www.govinfo.gov/content/pkg/FR-2022-10-12/pdf/2022-22103.pdf>