
APPENDIX XI-8

SERVICEMEMBERS CIVIL RELIEF ACT

QUARTERLY REIMBURSEMENT REQUEST

OMB APPROVAL NO. 2503-0033 (EXP. 12/31/2013)

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.

- Applicability:** Ginnie Mae I MBS Program and Ginnie Mae II MBS Program.
- Purpose:** To be used by an Issuer for quarterly reimbursement requests. All requests must be submitted through the Ginnie Mae Enterprise Portal (GMEP) via the Servicemembers Civil Relief Act (SCRA) application.
- Prepared by:** Issuer.
- Prepared in:** Electronic form, with signed hard copies.
- Distribution:** Send hard copy forms and packages to:

Deloitte & Touche, LLP
ATTN: Ginnie Mae – SCRA – 5th Floor
1750 Tysons Boulevard
McLean, VA 22102
- Due Date:** Quarterly interest reimbursement requests are to be submitted by February 10, May 10, August 10 and November 10.
- Instructions:** Chapter 34 provides additional details on the SCRA program. Loan eligibility information shall be prepared in accordance with Appendix XI-6.

Issuers must successfully submit data for loan eligibility by logging into the GMEP and using the SCRA application. Once the loans are approved as eligible, the Issuer may proceed with the quarterly reimbursement request. Many of the data fields will be automatically populated; however Issuers will also be required to provide additional information. Once all of the data has been submitted, Issuers must save, print, sign and mail the document.

The document contains a certification statement that requires the Issuer's signature, title, date and telephone number.

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)

When the form is complete it must be mailed to the Deloitte & Touche, LLP address above.

DATA FIELD	SOURCE
ISSUER NAME	Auto populated – based on loan eligibility data
ISSUER NUMBER	Auto populated – based on loan eligibility data
ISSUER CONTACT NAME	Auto populated – based on loan eligibility data
TELEPHONE NUMBER	Auto populated – based on loan eligibility data
QUARTER ENDING	Provided by Issuer for reimbursement request
CASE NUMBER	Auto populated – based on loan eligibility data
POOL NUMBER	Auto populated – based on loan eligibility data
NOTE INTEREST RATE	Auto populated – based on loan eligibility data
DIFFERENCE BETWEEN NOTE RATE AND 6%	Auto populated – based on loan eligibility data
DUE DATE OF COLLECTION RECEIVED	Provided by Issuer for reimbursement request
TOTAL PAYMENT RECEIVED (P&I ONLY)	Provided by Issuer for reimbursement request
AMOUNT OF INTEREST DUE AT NOTE RATE	Provided by Issuer for reimbursement request
SCHEDULED PRINCIPAL APPLIED TO LOAN	Provided by Issuer for reimbursement request
ADDITIONAL PRINCIPAL APPLIED TO LOAN	Provided by Issuer for reimbursement request
INTEREST COLLECTED PER SCRA	Provided by Issuer for reimbursement request
REMAINING PRINCIPAL BALANCE OF LOAN	Provided by Issuer for reimbursement request
AMOUNT ELIGIBLE FOR REIMBURSEMENT	Provided by Issuer for reimbursement request