

APPENDIX XI-01A REQUEST FOR PASS-THROUGH ASSISTANCE RELATED TO COVID-19 AND REPAYMENT AGREEMENT

(“REQUEST AND REPAYMENT AGREEMENT”)

ISSUER NAME: _____ (“the Issuer”)

ISSUER NUMBER: _____

ISSUER TAX IDENTIFICATION NUMBER: _____

Pursuant to APM 20-03 and Chapter 34 of the MBS Guide, the Issuer hereby requests advances from Ginnie Mae under its Pass-Through Assistance Program Related to COVID-19 (PTAP/C19) for the investor remittances due on: (Month/Year) _____.

Section 1. Monthly Determination of Maximum Amount Eligible for Ginnie Mae Pass Through Assistance Program Related to COVID-19

The Ginnie Mae advances requested under this REQUEST FOR PASS-THROUGH ASSISTANCE PROGRAM RELATED TO COVID-19 AND REPAYMENT AGREEMENT are associated with loans for which the Issuer has not collected from the borrower the last scheduled monthly payment as of the date of this request, which includes the following loans:

(Table 1A and Table 1B below may be provided as an attached Microsoft Excel or CSV file).

TABLE 1A – Loans in GINNIE MAE I MBS			
GNMA Unique Loan ID	Pool Number	Loan Unpaid Principal Balance	Loan P&I amount scheduled to be passed-through to MBS investor
SUM OF LOAN P&I FOR ALL LOANS IN TABLE 1A			\$

TABLE 1B - GINNIE MAE II MBS			
GNMA Unique Loan ID	Pool Number	Loan Unpaid Principal Balance	Loan P&I amount scheduled to be passed-through to MBS investor
SUM OF LOAN P&I FOR ALL LOANS IN TABLE 1B			\$

Please note that the amount computed as the SUM OF LOAN P&I FOR ALL LOANS IN TABLE 1A and TABLE 1B, represents the “Maximum Amount Eligible for Ginnie Mae Pass-Through Assistance Related to COVID-19” for Ginnie Mae I and Ginnie Mae II MBS, respectively. Please enter these amounts as required in TABLE 2, in Section 2 below.

Section 2. Computation of Total Monthly Advance Requested by Program

TABLE 2 Computation of Pass-Through Assistance Related to COVID-19 Requested		Ginnie Mae I	Ginnie Mae II
A.	Please enter computation from TABLE 1A and 1B above. This represents the Maximum Amount Eligible for Ginnie Mae Pass Through Assistance by MBS Program:		
B	Please enter amount Issuer plans to use from resources other than borrower collections to cover the shortfall in loan collections (such as excess funds or corporate funds).		
C	Please subtract amount entered in B., above from Amount in A., above, and enter the difference. This constitutes the Monthly Amount of Advance Requested under each program for the monthly remittance cycle above.		

¹TOTAL MONTHLY ADVANCE AMOUNT REQUESTED: _____

Section 3. Attestation and REPAYMENT AGREEMENT

The undersigned hereby certifies and acknowledges that this is a request for Ginnie Mae advance funding under its National Emergency Pass-Through Assistance Program for the “TOTAL MONTHLY ADVANCE AMOUNT REQUESTED” in Section 2 of this REQUEST FOR PASS-THROUGH ASSISTANCE PROGRAM RELATED TO COVID-19 AND REPAYMENT AGREEMENT to ensure timely payment of the investor remittances for Mortgage-Backed Securities guaranteed by Ginnie Mae and due the month of _____.

The undersigned certifies that the information submitted on and accompanying this “REQUEST FOR PASS-THROUGH ASSISTANCE PROGRAM RELATED TO COVID-19 AND REPAYMENT AGREEMENT,” is true and accurate and is prepared in accordance with Ginnie Mae requirements in Chapter 34 of the MBS Guide.

The undersigned certifies that as of the date of this request, it has not collected the full scheduled monthly payment for any of the loans identified in Section 1 of this REQUEST FOR PASS-THROUGH ASSISTANCE PROGRAM RELATED TO COVID-19 AND REPAYMENT AGREEMENT.

The undersigned hereby acknowledges that it has executed a MASTER SUPERVISORY AGREEMENT, Appendix XI-02A, of the MBS Guide, and that the terms of the MASTER SUPERVISORY AGREEMENT are incorporated to this REPAYMENT AGREEMENT.

¹ The sum of Amount of Pass-Through Assistance Requested by Program for Ginnie Mae I and Ginnie Mae II in Table 2, above.

The undersigned hereby acknowledges that upon approval of this REQUEST FOR PASS-THROUGH ASSISTANCE PROGRAM RELATED TO COVID-19 AND REPAYMENT AGREEMENT, Ginnie Mae will deposit funds equal to the TOTAL MONTHLY ADVANCE AMOUNT REQUESTED in Section 2 in accordance with the terms of the MASTER SUPERVISORY AGREEMENT.

The undersigned hereby acknowledges that TOTAL MONTHLY ADVANCE AMOUNT REQUESTED under this REPAYMENT AGREEMENT will accrue interest beginning on the Interest Accrual Date identified in the MASTER SUPERVISORY AGREEMENT at the rate posted on Ginnie Mae's website on the second business day of the month of this request.

The undersigned promises to pay any funds received pursuant to this PASS-THROUGH ASSISTANCE PROGRAM RELATED TO COVID-19 AND REPAYMENT AGREEMENT in accordance with the terms of the MASTER SUPERVISORY AGREEMENT.

The knowing submission of a false, fictitious, or fraudulent certification may be subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties. 12 U.S.C. § 1723i, 18 U.S.C. § 287, 1001 and 31 U.S.C. § 3729.

ISSUER

Date: _____

Authorized Signature _____

Name (in print) _____

Title _____

GINNIE MAE

Date: _____

Authorized Signature _____

Name (in print) _____

Title _____