

**TRACER FOUND CASE**

**DISTRIBUTIVE SHARE - MORTGAGE INSURANCE PREMIUM REFUND**

**THIRD PARTY PROCESSOR INFORMATION**

Processor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City State Zip

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

**CLAIMANT INFORMATION**

FHA Case Number: \_\_\_\_\_ Important - DO NOT OMIT

Name: \_\_\_\_\_  
(First) (MI) (Last)

\_\_\_\_\_  
(Additional Names if applicable)

Address: \_\_\_\_\_  
Street and Apt #

City State Zip

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

Property Address: \_\_\_\_\_

\_\_\_\_\_

Date Acquired \_\_\_\_\_ Date Sold \_\_\_\_\_ Date Mortgage Paid off \_\_\_\_\_

\*\*\*\*\*  
The Department of Housing and Urban Development is not a party to any financial agreement between the processor/tracer and the claimant.

MORTGAGORS: I/We hereby certify that I/We never received a distributive share or premium refund from HUD in connection with this FHA insured mortgage. I/We consent to above Processor submitting this form on my behalf.

SIGNATURE(S) of Mortgagors \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

When you have received this completed TFC form back from the Borrower/Mortgagor, forward to:

**Department of Housing and Urban Development-Distributive Branch  
PO Box 23699 Washington, DC 20026-3699**