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The information is required by Sec. 306(g) of the National Housing Act or by Ginnie Mae Handbook 5500.3, Rev. 1. The information provides specific deal information and serves to educate investors. The information collected will not be disclosed outside the Department except as required by law.

APPENDIX XI-01B REQUEST FOR PASS-THROUGH ASSISTANCE RELATED TO COVID-19 AND REPAYMENT AGREEMENT - MULTIFAMILY PROGRAM
(“REQUEST AND REPAYMENT AGREEMENT”)

ISSUER NAME: _____ (“the Issuer”)

ISSUER NUMBER: _____

ISSUER TAX IDENTIFICATION NUMBER: _____

Pursuant to APM 20-05 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 - MULTIFAMILY PROGRAM are associated with loans that are in forbearance and are underlying Mortgage-Backed Securities with investor remittances due on the month specified above, which includes the following loans (Table 1 below must be provided as an attached Microsoft Excel or CSV file).

TABLE 1 – Loans in 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 1			\$

Please note that the amount computed as the SUM OF LOAN P&I FOR ALL LOANS IN TABLE 1, represents the “Maximum Amount Eligible for Ginnie Mae Pass-Through Assistance Related to COVID-19.” Please enter this amount 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		Dollar Amount
A.	Please enter computation from TABLE 1 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

Upon approval, Ginnie Mae will advance the Payment on behalf of Issuer on the following terms and conditions. The Payment shall be repaid in full to Ginnie Mae, together with interest on the Payment at the annual rate of _____%____,

The Ginnie Mae advance associated with this Repayment Agreement, together with interest, will be due on the last calendar day of the month that is the twelfth month from the month in which the corresponding investor remittance was made, or on December 31, 2021, whichever is earlier.

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 – MULTIFAMILY PROGRAM to ensure timely payment of the investor remittances for Mortgage-Backed Securities guaranteed by Ginnie Mae.

¹ The sum of Amount of Pass-Through Assistance Requested from Table 2, above.

The undersigned certifies that the information submitted on and accompanying this "REQUEST FOR PASS-THROUGH ASSISTANCE PROGRAM RELATED TO COVID-19 AND REPAYMENT AGREEMENT – MULTIFAMILY PROGRAM," 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 – MULTIFAMILY PROGRAM.

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

The undersigned hereby acknowledges that upon approval of this REQUEST FOR PASS-THROUGH ASSISTANCE PROGRAM RELATED TO COVID-19 AND REPAYMENT AGREEMENT – MULTIFAMILY PROGRAM, 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 – MULTIFAMILY PROGRAM.

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 – MULTIFAMILY PROGRAM 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 – MULTIFAMILY PROGRAM in accordance with the terms of the MASTER SUPERVISORY AGREEMENT – MULTIFAMILY PROGRAM.

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 _____