

HOMEOWNERS ASSISTANCE SUMMARY REPORT For use of this form, see ER 405-1-12; the proponent agency is CERE-P		REPORTING PERIOD FOR FISCAL YEAR _____ <input type="checkbox"/> MARCH <input type="checkbox"/> SEPTEMBER		RCS: DAEN-RE-12(R1)
THRU	TO CDR, USACE (CERE-P) 20 MASSACHUSETTS AVENUE N.W. WASHINGTON, D.C. 20314-1000	FROM	DATE (YYYYMMDD)	
DEPARTMENT				
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> DSA <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> OTHER (Specify) _____				
SECTION I - BASE CLOSURE INFORMATION				
NAME OF BASE	STATE	BASE CLOSURE DATE (YYYYMMDD)	DATE OF ECONOMIC IMPACT STUDY (YYYYMMDD)	APPLICATIONS IN PROCESS
SECTION II - APPLICATION/PAYMENTS				
PRIVATE SALE CASE	NUMBER OF APPLICANTS	NUMBER OF PAYMENTS	AMOUNT PAID	
GOVERNMENT PURCHASE CASES	EQUITY PAYMENTS <i>(Number of Applicants)</i>	NUMBER OF PAYMENTS	AMOUNT PAID	
	MORTGAGES ASSUMED <i>(Number)</i>	TOTAL ASSUMED	TOTAL TRANSFERRED TO FHA	
	MORTGAGES PAID <i>(Number of Applicants)</i>	NUMBER OF PAYMENTS	AMOUNT PAID	
FORECLOSURES	NUMBER OF APPLICANTS	NUMBER OF PAYMENTS	AMOUNT PAID	
SECTION III - STATUS OF APPLICATIONS				
NUMBER OF APPLICATIONS ON HAND START OF PERIOD _____				
NUMBER OF APPLICATIONS RECEIVED DURING PERIOD _____				
TOTAL APPLICATIONS TO BE ACCOUNTED FOR _____				
NUMBER OF APPLICATIONS FINALIZED WITH PAYMENT _____				
NUMBER OF REJECTIONS _____				
NUMBER OF APPLICATIONS PENDING <i>(not including appeals)</i> _____				
NUMBER OF APPEALS IN PROCESS _____				
TOTAL APPLICATIONS ACCOUNTED FOR _____				
REMARKS				

DATA REQUIRED

GENERAL: A SEPARATE FORM IS REQUIRED FOR EACH DEPARTMENT AND FOR EACH INSTALLATION. (*Explanation - if there is more than one base closure reported, each base or installation will be reported on a separate sheet, then one sheet will be summarized by the department of the installation.*)

REPORT PAYMENTS TO THE NEAREST DOLLAR

THESE SUMMARIES WILL BE CUMULATIVE FOR A FISCAL YEAR ONLY

SECTION I - BASE CLOSURE INFORMATION: NAME THE BASES ASSOCIATED WITH CURRENT APPLICATION BEING PROCESSED.

SECTION II - STATUS OF APPLICATION/PAYMENTS: REPORT TYPE OF APPLICATIONS AND PAYMENTS MADE.

SECTION III - STATUS OF APPLICATIONS.

REMARKS - REPORT FHA APPLICATION NUMBERS, COMMENTS, ETC.,