

Single Family Acquired Asset Management System (SAMS)
Payee Name and Address

U.S. Department of Housing and Urban Development
 Office of Housing
 Federal Housing Commissioner

OMB Approval No. 2502-0486 (exp. 12/31/2003)

Instructions: See Instructions on back for required attachments. Send completed form to HUD HOC, Attention: Director, Home Ownership Center

I. DSAE or GBIN Screen: Payee's TIN or SSN and Name (Items 1 - 3)

1. a. <input type="checkbox"/> Add New Payee (Complete Entire Form)	c. <input type="checkbox"/> Add New NAID to Existing Payee (Complete Item No. 2, 3, 4, 6, 9 and 10)	*2. TIN/SSN
b. <input type="checkbox"/> Change Existing Payee (Complete Items No. 2, 3, 7, and any changes)		*3. Business/Individual Name (If Individual: Last, First, MI)

II. GBNA Screen: Payee's Address (Items 4 - 18)

4. HOC Area Identifier	5. HOC Area Name	6. Payee Type(s)	7. Payee's NAID (if established payee)	8. Principal Broker's Name (If applicable: Last, First, MI)
*9. Business Address (include City, State, and Zip Code + 4)			Remittance Name and Address (Only if different from Business Name and Address)	
12. Business Phone Number (Include Area Code)			10. Name	
			11. Address (include City, State, and Zip Code + 4)	
13. Minority-owned? If Yes, check type <input type="checkbox"/> Yes <input type="checkbox"/> Black American (BL) <input type="checkbox"/> Asian Indian American (AI) <input type="checkbox"/> No <input type="checkbox"/> Asian Pacific American (AP) <input type="checkbox"/> Native American (NA) <input type="checkbox"/> Hispanic American (HI) <input type="checkbox"/> Hasidic Jewish American(HS)			14. Small Business Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Name of Contact Person _____ Phone (Area Code) _____ Fax (Area Code) _____
17. Names of Owners/Principals			15. Woman Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			18. Family/External Business Relationship to HUD/M&M Contract employees? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain or attach an explanation.)	

III. SMGG Screen: Repair Trade/Service Vendor Information (Items 19 - 25) **These items apply to Trade/Service Vendors Only**

19. I will accept contracts up to, but not in excess, of \$ _____	20. HOC Area(s) in which you are willing to work			
21. Repair Trade/Service Vendor Types (Check the appropriate box.) <input type="checkbox"/> Appraisal (AP) <input type="checkbox"/> Misc., Other (Describe briefly)				
22. Preparer's Signature (M&M Contractor/M&M GTR/M&M GTM /Closing Agent GTR) X	23. Title	24. Date (mm/dd/yyyy)	25. Phone (Area Code)	

IV. For HUD Use Only (Items 26 - 34) Do not send attachments to SAMS Service Contractor.

26. Selling Broker's Recertification Date	27. Approved for HOC Area(s):
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Attach ACH Vendor/Miscellaneous Payment Enrollment Form (SF-3881) for Payee Types AP, CA, HA, NP**, PM, and TS.**

28. **Since our office does not intend to make payments to the subject vendor at this time, we have not included a form SF-3881 to enroll the vendor in the Electronic Funds Transfer Program. Should this situation change and it become necessary to make payments to this vendor, our office will immediately submit a completed form SF-3881 to the SAMS Service Contractor for processing.

29. Reviewer's Signature (Supervisory M&M Contractor/ M&M GTR/Closing Agent GTR or Designee) X	30. Title	31. Date (mm/dd/yyyy)	32. Phone (Area Code)
33. Approver's Signature (HOC Director or Designee) X		34. Date of Approval/Submission to Data Entry Center (mm/dd/yyyy)	

*1099 information will be forwarded to IRS under TIN/SSN shown in Item 2, name shown in Item 3, and address shown in Item 9.

