

# Law Offices of David J. Stern, P.A.

900 South Pine Island Road, Suite 400  
Plantation, Florida 33324-3920

M  
Assoc

Primary Phone (954)233-8000  
Auto Attendant (954)233-8400  
Primary/Foreclosure Fax (954)233-8333  
Internet E-Mail [dstern@dstern.com](mailto:dstern@dstern.com)

May 12, 2010

UNKNOWN OCCUPANTS AND  
BONITA R. HRYNDA AND BELINDA BEAN  
4635 BURLINGTON AVENUE NORTH  
ST. PETERSBURG, FLORIDA 33713

Re: FHA Case No. 093-608037-1-703  
NATIONSBANC MORTGAGE CORP., 6045322556  
SERVICER ID NUMBER: 13063-00005  
Our File No. 09-53593 NATB  
Property Address: 4635 BURLINGTON AVENUE NORTH, ST. PETERSBURG, FLORI

AVISO IMPORTANTE PARA PERSONAS QUE HABLAN ESPANOL. ESTE ES UN AV  
IMPORTANTE. SI NO ENTIENDE EL CONTENIDO, OBTENGA UN TRADUCCION IMMEDIA  
SI USTED NO RESPONDE DENTRO DE VIENTE (20) DIAS PUEDE SER QUE LO HAGAN MUI  
CASA O APARTAMENTO EN DONDE VIVE.

Dear Occupant:

The mortgage for the property in which you are living is about to be foreclosed (sometimes re-  
repossessed). We expect that ownership of the property will be transferred to NATIONSBANC M  
CORP. probably within the next 60 to 90 days. Shortly thereafter, it is probable that owner  
transferred to the Secretary of Housing and Urban Development (HUD).

HUD generally requires that there be no one living in properties for which it accepts ownership in  
conditions are met. We have enclosed a copy of those conditions as Attachment 1. These condition  
read carefully to help you decide whether you wish to apply to continue living in the house.

If you wish to submit a request to continue to live in this property after HUD becomes owner, y  
request must be received by HUD within 20 days of the date of this letter. Oral requests are not per  
recommend that you use the enclosed Attachment 2, "Request for Occupied Conveyance", in making  
as it gives HUD information it needs to make its decision. If you have additional information which  
include with your request, you may write it on the second page of the form or on additional pages  
attached to the form. Also, please fill out boxes 1,7 and 8 of the enclosed Attachment 3, "Request for  
of Employment", and send it to HUD with your request. Your request must be sent to the Chief Prop  
at the following address:

c/o Chief Property Disposition Officer, Michaelson, Connor and Boul, Inc., 4400 Will Rogers Parkwa  
Oklahoma City, OK 73108

If you believe that you can meet the condition for temporary, permanent, or long-term illness or injt  
1(d) in Attachment 1, "Conditions for Continued Occupancy"), you should say so in your request  
documentation supporting your claim. This documentation must include an estimate of the time  
moved without severely aggravating the illness or injury, and a statement by a State certifi  
establishing the validity of your claim.

If HUD approves your request to remain in the property, it will only be for a temporary period. See  
4, "Temporary Nature of Continued Occupancy."

If HUD denies your request, you will be given an opportunity to ask that the denial be reconsidered and to furnish information relating to the reasons for the request being denied.

If HUD does not in fact become owner of this property, any decision it may make with respect to your continued occupancy will no longer apply.

If you have any questions concerning this notice, please contact the Chief Property Officer at the HUD Field Office shown previously.

**IMPORTANT NOTICE**

**YOU MUST REPLY TO THE HUD FIELD OFFICE IN WRITING WITHIN 20 DAYS OF THE DATE ON THIS LETTER OR YOU WILL BE REQUIRED TO MOVE FROM THE PROPERTY BEFORE HUD BECOMES OWNER OF THE PROPERTY.**

Sincerely,



LAW OFFICES OF DAVID J. STERN

Attachments

cc: HUD - FHA CASE NUMBER: 093-608037-1-703

NATIONSBANC MORTGAGE CORP. LOAN: 6045322556

Estimated Sale Date: June 28, 2010

Estimated Clear Title Date: July 8, 2010

Property Address: 4635 BURLINGTON AVENUE NORTH, ST. PETERSBURG, FLORIDA 33713

CONDITIONS FOR CONTINUED OCCUPANCY

The following conditions must be met before HUD can approve the occupied conveyance of an acquired property.

1. One or more of the following must be met:
  - a) Your occupancy must be necessary to protect from vandalism.
  - b) The number of HUD-owned vacant houses in the residential area exceeds the number of properties acquired by HUD in that area during the past six months.
  - c) With respect to two-to-four unit properties, the marketability of the property would be improved by your continued occupancy.
  - d) You or a member of your family suffer from a temporary injury or illness which would be aggravated by the process of moving from the property. A long-term illness does not meet this criterion.
2. The house must be habitable (except for approval under condition d).
3. You must have been living in the house at least 90 days prior to the date the lender acquired title to the house (except for approval under condition d).
4. You must agree to sign a month-to-month lease at fair-market rental on a form prescribed by HUD at the time HUD acquires the house.
5. You must have the financial ability to make the monthly payments under the terms of the lease.
6. You must agree to pay one month's advance rent when you sign the lease (except for approval under condition d).
7. You must allow access to the property during normal business hours:
  - a) by HUD representatives for a physical inspection of the property, with two days notice.
  - b) by HUD contractors doing repairs, with two days notice.
  - c) by real estate brokers and their clients.

## TEMPORARY NATURE OF CONTINUED OCCUPANCY

This is to advise you that occupancy of HUD-owned property is not permanent but is only temporary in all cases and is subject to termination to facilitate preparing the property for sale and completing its sale. Temporary means that your lease arrangement with HUD is subject to termination at the convenience of the government upon 30 days notice. If HUD has agreed to your occupancy due to a temporary illness or injury of a member of your family, your occupancy is limited to three months. You should not view your living in the property as a permanent or long-term arrangement. It is HUD's policy to ask you to vacate the property and, if necessary, take appropriate action for the following causes:

1. Failure to execute the lease.
2. Failure to pay the required rent, including the initial payment at the time of execution of the lease.
3. Failure to comply with the terms of the lease.
4. Failure to allow access to the property to accomplish necessary repairs, inspect the property, or allow real estate brokers to show the property to a prospective purchaser.
5. Preparation of the property for sale.
6. Assignment of the property by the Field Office to a different use or program.

Attachment to Mortgagee's Notice of Pending Acquisition  
**Request for Occupied Conveyance**

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

HUD-Office Manager Insert Local Office Address Attn: CPO	To be Completed by HUD Name _____ Property Address _____ Unit No. _____ City and State _____ Zip _____
--	---

Dear Sir,

I desire to continue in occupancy as a tenant of this property if acquired by HUD. I will sign a month to month lease and pay one month's rent within 15 days of the lease being presented to me. I believe that I can afford to make monthly rental payments. In my opinion, this property in its present condition is structurally sound, free from health and safety hazards, and is otherwise habitable.

You may contact me for arranging a convenient time for HUD's required inspection at the telephone number \_\_\_\_\_ or my representative at telephone number \_\_\_\_\_ (HUD must be able to make contact during working hours.)

I understand that HUD's approval of my request will, in part, be based on my ability to make monthly rental payments. To assist HUD in making their determination I submit the following information concerning my income.

Income	
My Occupation _____	My spouse's occupation _____
My Social Security Number _____	My spouse's Social Security Number _____
My gross pay per month _____	My spouse's gross pay per month _____
My employer's name, address and telephone _____	My spouse's employer's name, address and telephone _____

Other family income (explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other forms of income, if any \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_  
 \_\_\_\_\_

**Obligations**

Below is a list of all my obligations including car loans, installment payments and credit cards

Name	Address	City, State, Zip Code	Present Balance	Monthly Payment
			\$	\$

You have my permission to contact any of the above for verification purposes

Privacy Act of 1984 (PL 83-579) Statement

Authority: Paragraph 206(g) of the National Housing Act

**Purpose:** This information is being collected to determine whether you qualify as a tenant, and to provide the basis for facilitating the management and administration of the property disposition program.

**Use:** This information will be used in determining whether you qualify as a tenant and in maintaining tenant rental accounts. It will be released to the local real estate broker who manages the property to facilitate collection of overdue rents and may be released to collection agencies, consumer reporting and commercial credit agencies, and attorneys hired by the Department. It may also be

released to appropriate federal, state, and local agencies to facilitate collection of rent and when relevant to civil, criminal and regulatory investigations or prosecutions. It is not mandatory to provide Social Security numbers.

Disclosure of title information is voluntary. However, failure to provide the information (other than Social Security numbers) may result in a rejection of your request to remain as a tenant.

Failure to provide this information will result in a rejection of your request to remain as an occupant

*Disclosure of the information is voluntary.*

---

Date

Signature

(Attachment to Mortgagee's Notice of Pending Acquisition)

<p><b>PRIVACY ACT NOTICE:</b> This information is to be used by the agency collecting it in determining whether you qualify as a prospective mortgagor or borrower under this program. It will not be disclosed outside the agency without your consent except to your employer for verification of employment and as required and permitted by law. You do not have to give us this information, but if you do, not your application for approval as a prospective mortgagor or borrower may be declined or rejected. The information requested by this form is authorized by Title 18, U.S.C. Chapter 31 (if V.A.); by 12 U.S.C. Section 1101 et seq. (if HUD/FHA); or 47 U.S.C. Section 14526 (if HUD/CR01); and Title 42 U.S.C. 1471 et seq. of 42 U.S.C. 1921 et seq (if U.S.D.A. / F.H.A.)</p>	<p>VETERANS ADMINISTRATION U.S.D.A. FARMERS HOME ACQUISITION, AND U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (Community Planning and Development and Housing Federal Housing Commissioner)</p> <p><b>REQUEST FOR VERIFICATION OF EMPLOYMENT</b></p>
<b>INSTRUCTIONS</b>	
<p><i>LENDER OR LOCAL PROCESSING AGENCY (LPA): Complete Items 1 through 7. Have the applicant complete Item 8. Forward the completed form directly to the employer named in Item 1. EMPLOYER: Complete either Part II and IV or Part III and IV. Return form directly to the Lender or Local Processing Agency named in Item 2 of Part I.</i></p>	
<b>PART I - REQUEST</b>	
1. TO: (Name and Address of Employer)	2. FROM: (Name and Address of Lender or Local Processing Agency)
3. I certify that this certification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.  (Signature of Lender, Official of LPA or FHA Loan Packager)	4. TITLE OF LENDER, OFFICIAL OF LA OR FHA PACKAGER
	5. DATE
	6. HUD/FHA/CEO, VA OR FHA NO.
7. NAME AND ADDRESS OF APPLICANT	I have applied for a mortgage loan or a rehabilitation loan and stated that I am/was employed by you. My signature in the block below authorizes verification of my employment information.
	8. EMPLOYEE'S IDENTIFICATION
	SIGNATURE OF APPLICANT: _____
<b>PART II - VERIFICATION OF PRESENT EMPLOYMENT</b>	
<b>EMPLOYMENT DATA</b>	<b>PAY DATA</b>
9. APPLICANT'S DATE OF EMPLOYMENT	12 A. BASE PAY (Current) \$ _____ <input type="checkbox"/> Annual \$ _____ <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Weekly \$ _____ <input type="checkbox"/> Other (Special)
10. PRESENT POSITION	FOR MILITARY PURPOSES ONLY Type: _____ Monthly Amount: \$ _____
11. PROBABILITY OF CONTINUED EMPLOYMENT	12 B. EARNINGS
	Type: _____ Year to Date: \$ _____ Past Year: \$ _____
13. IF OVERTIME OR BONUS APPLICABLE, IS ITS CONTINUANCE LIKELY?  OVERTIME <input type="checkbox"/> Yes <input type="checkbox"/> No  BONUS <input type="checkbox"/> Yes <input type="checkbox"/> No	RATIONS \$ _____ FLIGHT OR HAZARD \$ _____ CLOTHING \$ _____ QUARTERS \$ _____ PROPAY \$ _____ OVERTIME \$ _____
14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)	
<b>PART III - VERIFICATION OF PREVIOUS EMPLOYMENT</b>	
5. DATES OF EMPLOYMENT	16 SALARY RANGE OR COMPENSATION PER <input type="checkbox"/> YEAR <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK
	BASE PAY \$ _____ OVERTIME \$ _____ BONUS \$ _____ COMMISSION \$ _____
7. REASONS FOR LEAVING:	18: POSITION HELD
<b>PART IV - CERTIFICATION</b>	
Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of and warrant of insurance by the VA Administration, the U.S.D.A., Farmer's Administration, the HUD/FHA Commission, or the HUD/CPO Assistant Secretary.	
9. SIGNATURE	20. TITLE OF EMPLOYER:
	21. DATE

RETURN DIRECTLY TO LENDER OR LOCAL PROCESSING AGENCY