## Schedule of Single Family Collections

## U.S. Department of Housing and Urban Development

Attach the following to this form: confirmed copies of , SF-215, Deposit Ticket SF-5515, Debit Voucher pink set of Official Receipts  Send original & attachments to: U.S. Department of Housing & Urban Development P. O. Box 23229 Washington, D.C. 20026 - 3299		Field Office: Retain a copy for your records. Do not use for Multifamily fees or initial premiums. For uncollectible check schedules, the schedule number must be the same as that on which the collection item was originally deposited.  Cash & Securities Section  Receipt amounts must agree with the total deposit. Receipt numbers used must reflect the count of total receipts used.							
					Schedule Number	Date Received	Date of Deposit	Total Deposit	NAME OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER
					. Uncollectible Checks	Suspense Miscella	neous Other		
Claim Case or Project Number	Identification	Identification and Explanation of Remittance(s)		Amount \$					
				a constant					
Receipt Numbers Used	I certify that all items included in "Total amount and on the "Date of Deposit" st	Deposit" above were jointly verified and on tated above.	leposited in the	Initials of Employee Making Deposit					
Total Receipts Used	Signature of Cash Accounting Clerk:								
Total Cases	Signature of Supervisor:								