

Any licensed real estate professional is eligible to sell HUD Homes. It's a simple process to qualify. All you have to do is have your Designated Broker (company's principal broker or broker-in-charge) complete the following forms: SAMS 1111 (12/2007), SAMS 1111A, IRS Letter 147C, Broker Check list, and attach the required documentation and MAIL or DELIVER to the office listed below.

For applicants in AK, CA, HI, OR, WA, AS, GU, MH, and MP  
Santa Ana Homeownership Center  
Attention: NAID Registration  
Santa Ana Federal Building  
34 Civic Center Plaza, Room 7015  
Santa Ana, CA 92701-4003

For applicants in AR, CO, KS, LA, MO, NM, OK, WY, and UT  
Denver Homeownership Center  
Attention: NAID(Registration)  
1670 Broadway, 23rd Floor  
Denver, CO 80202

For applicants in AL, FL, GA, KY, IL, IN, MS, NC, PR, SC, TN, and VI  
Atlanta Homeownership Center  
Attention: NAID(Registration)  
Five Points Plaza  
Marietta(Street)  
Atlanta, GA 30303-2806

When your application is processed, HUD will assign the broker (not individual agents) a NAID Number (Name and Address Identifier Number) which is required to submit a bid.

Once the employing broker becomes certified and is assigned a NAID Number, you and your sales agents can show, advertise, and submit bids on HUD Homes. HUD requires the employing broker's signature on most forms and on the sales contracts.

**Important! NAID Registration application packages must be fully complete (use checklist\*).** Any incomplete packages will be returned for completion. Please carefully review your registration package for completeness before sending it to HUD to avoid risking delay in processing your application. We strongly recommend that you use the Broker Certification Checklist to ensure your application package is 100% complete. All applications must be mailed or delivered to the address above. Do not fax. Faxed copies are *not acceptable* and will not be considered as received. If you have any questions, please contact your local Home Ownership Center.

#### **NAID Registration Application:**

- ALL of the forms listed below must be included in your registration package along with all required documentation (see checklist\*).  
**SAMS 1111 (12/2007-New Form)**  
**SAMS 1111A**  
**IRS Letter 147C [to verify Name & Tax I.D. No. (TIN)]**  
**Broker Certification Checklist\***
- All forms must be legible and completed in ink.
- All forms must have **original signatures and must be signed in blue ink.**
- All supporting documentation must be legible.

**Annual NAID Renewal is Required.** In order to avoid deactivation of your NAID Number and to ensure that your HUD-issued NAID number stays current, you must renew your broker registration annually. Using (SAMS 1111, SAMS 1111A, IRS DOCUMENTATION), complete the sections that apply and submit all required documentation. Caution! Do not delay renewal as you must re-register before your current registration expires or you risk having your NAID Number deactivated by HUD. Bidding privileges will not be extended to any broker or agent whose NAID number is inactive. The broker must wait for the NAID number renewal in order to be eligible to place bids.



**“BROKER CERTIFICATION CHECKLIST**

Thank you for taking the time to become a HUD registered broker. In order for HUD to process your Registration Package in a timely manner, we would like you to take a few minutes to complete this checklist. All forms (SAMS-1111, SAMS-1111A) are available on our website at www.hudpemco.com. Please note that all incomplete packages will be returned for completion and will delay the registration process.

**Company & Broker Name (print):**

- All documents must be legible and completed in ink.
- All signatures must be signed in BLUE ink.
- Original completed forms only, faxed copies are NOT acceptable.

**Checklist for Brokers Registering with a Federal Tax ID/Employer ID Number**

Note: If your company has been assigned a Federal Tax ID Number you are required to use that number to register.

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**SAMS-1111 (12/2007): Payee Name and Address (only one Broker per office can register)**

**Section I**

- ✓ Did you place an “X” in the box for Payee Type (1a, 1b, or 1c)?

**Section II**

- ✓ Did you complete boxes 2a, 2b and 2c?
  - The EIN MUST match the company name shown on the IRS DOCUMENTATION.
- ✓ Did you complete box 4?
  - Box 4 – Fill in NAID number if currently registered (even if NAID is inactive) or “N/A”
- ✓ Did you complete boxes 7 through 16? (Required)
  - Box 8 – Must be Physical Address (PO Box or Corporate Office can go in box 10).
  - Box 9 – “DBA” name may be listed here.
  - Box 14 – Enter email address for the Broker of Record AND fax and phone numbers (Required)

**Section III**

- Boxes 17 through 20 - The Broker, Office Manager, or Responsible Party must complete these boxes.

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**SAMS-1111A: Selling Broker Certification**  
*The broker **MUST sign this form in BLUE ink. Originals only, faxed copies are not acceptable. Broker information listed on this form **MUST “match” the information listed on SAMS-1111.*****

- ✓ Did you sign (required) and date HUD’s Earnest Money Policy in BLUE ink?
- ✓ Did you sign and date HUD’s Non-Discrimination Policy in BLUE ink? If you are exempt from this policy then go on to the next block.
- ✓ Did you enter the EIN/TIN? This number MUST match box 2a on the SAMS-1111 form.
- ✓ Did you complete the broker information blocks? All spaces must be filled in (company name MUST be identical to Line 2b of SAMS-1111).

**Checklist for Sole Proprietors / Individuals Registering with a Social Security Number**

Note: If you are using a SSN to register, you must use an individual name. Example: Jane Doe vs. Jane Doe & Assoc.

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**SAMS-1111 (12/2007): Payee Name and Address**

**Section I**

- ✓ Did you place an “X” in the box for Payee Type (1a, 1b, or 1c)?

**Section II**

- ✓ Did you complete boxes 3a and 3b?
  - Your Social Security Card must show the same name as what was entered here.
- ✓ Did you complete box 4?
  - Box 4 – Fill in NAID number if currently registered (even if NAID is inactive) or “N/A”
- ✓ Did you complete boxes 7 through 16? (Required)
  - Box 8 – Must be Physical Address (PO Box can go in box 10).
  - Box 14 – Enter email address for Broker of Record AND fax & phone numbers (Required).

**Section III**

- Boxes 17 through 20 - The Broker, Office Manager, or Responsible Party must complete these boxes.

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**SAMS-1111A: Selling Broker Certification**  
*The broker **MUST sign this form in BLUE ink. Originals only, faxed copies are not acceptable. Broker information listed on this form **MUST “match” the information listed on SAMS-1111.*****

- ✓ Did you sign (required) and date HUD’s Earnest Money Policy in BLUE ink?
- ✓ Did you sign and date HUD’s Non-Discrimination Policy in BLUE ink? If you are exempt from this policy then go on to the next block.
- ✓ Did you enter the EIN/TIN? This number MUST match box 2a on the SAMS-1111 form.
- ✓ Did you complete the broker information blocks? All spaces must be filled in (company name MUST be identical to Line 2b of SAMS-1111).



BROKER CERTIFICATION CHECKLIST  
(Continued)

IN ADDITION, THE FOLLOWING DOCUMENTATION IS REQUIRED AND MUST BE SUBMITTED WITH YOUR COMPLETED FORMS [SAMS-1111 (new form 12/2007) and SAMS-1111A].

\_\_\_\_ Copy of current Driver’s License.

\_\_\_\_ Copy of "signed" Social Security Card if registering with a Social Security Number.

\_\_\_\_ Copy of IRS Letter 147C if registering with an Employer ID Number (EIN). Note: To obtain Letter 147C, please call the IRS at 1-800-829-4933 and request an EIN verification letter. This letter verifies the Name and Taxpayer Identification Number (TIN) entered on the SAMS-1111 & SAMS-1111A matches exactly with the data maintained in the IRS database.

\_\_\_\_ Copy of Current Broker License – *Only one broker per office can certify.*

- The Broker License MUST display an expiration date.
- The Broker License expiration date CANNOT expire within **60 days** of submitting this registration package, or **HUD will not process.**
- Broker License number MUST be legible.
- The Broker License number MUST match the number entered on the SAMS-1111A form.
- A Corporation, Associate, Officer or Branch Office license **is not** acceptable.

\_\_\_\_ Copy of a recent telephone bill, utility bill or bank statement.

- The **name** on the bill/statement **MUST MATCH** the name in Box 3 on form SAMS-1111.
- The **address** on the bill/statement **MUST MATCH** the name in Box 3 on form SAMS-1111.
- The date on the bill/statement **MUST** be "**less**" than **45 days old.**

\_\_\_\_ CHECKLIST (include this checklist). Have you completed the “Company/Broker Name” on page 1?

Email Address and Fax Number (print): \_\_\_\_\_

Please include contact person’s email address and/or fax number. If we have questions regarding this package, we prefer to contact you by email or fax as we find this is the most expedient way to process your application.

**MAILING INSTRUCTIONS:** The certification package should be sent to:

For applicants in AK, CA, HI, OR, WA, AS, GU, MH, and MP  
Santa Ana Homeownership Center  
Attention: NAID Registration  
Santa Ana Federal Building 34  
Civic Center Plaza, Room 7015  
Santa Ana, CA 92701-4003

For applicants in AR, CO, KS, LA, MO, NM, OK, TX, WY, and UT  
Denver Homeownership Center  
Attention: NAID Registration  
1670 Broadway, 23rd Floor  
Denver, CO 80202

For applicants in AL, FL, GA, KY, IL, IN, MS, NC, PR, SC, TN, and VI  
Atlanta Homeownership Center  
Attention: NAID Registration  
Five Points Plaza Marietta Street  
Atlanta, GA 30303-2806

**RE-CERTIFICATION:** -Please remember that you must re-certify annually. It will be your responsibility to track this date and submit a re-certification package timely to ensure your bidding privileges are not interrupted. Please allow up to 6 weeks for HUD to update your information in their database.

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

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

**I. Type of Application: (Items 1a - d)**

|  |   |  |   |
|--|---|--|---|
| 1a. <input type="checkbox"/> Add New Payee<br>(Complete #'s 2 or 3 - 20) | 1b. <input type="checkbox"/> Modify Existing Payee<br>(Complete #'s 4, 17-20 & any changes) | 1c. <input type="checkbox"/> Add New NAID to Existing Payee<br>(Complete #'s 4, 9, 10, 14 & 17-20) | 1d. <input type="checkbox"/> Selling Broker Recertification<br>(Complete #'s 4 & 17-20) |
|--|---|--|---|

**II. Payee's Information: (Item 2 or 3 through 20)**

Enter Either Payee's EIN and Business Name or SSN and Individual Name, NOT BOTH (Items 2 - 3)  
\*1099 information to be forwarded to IRS under EIN/SSN and name shown in Item 2 or 3, and address shown in Item 8. Item 2 or 3 must match IRS documentation.

|                                     |   |   |                                      |
|-------------------------------------|---|---|--------------------------------------|
| *2a. EIN                            | *2b. Business Name for EIN in 2a.                     | 2c. Principal Broker's Name (if applicable) |                                      |
| *3a. SSN                            | *3b. Individual Name for SSN in 3a. (Last, First, MI) |   |                                      |
| 4. Payee's NAID (if existing payee) | 5. HOC Area Identifier                                | 6. Payee Type(s)                            | 7. Business Phone Number (Area Code) |

|   |  |   |                       |
|---|--|---|-----------------------|
| 8. Business Address (include City, State, and Zip Code + 4)                                     |  | <b>Remittance Name and Address (DBA)</b><br>(Only if different from Business/Individual Name and Address)   |                       |
| 11. Minority-owned? If Yes, check type <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 9. Name   |                       |
| <input type="checkbox"/> Black American (BL)  | <input type="checkbox"/> Asian Indian American (AI)                          | 10. Address (include City, State, and Zip Code + 4)   |                       |
| <input type="checkbox"/> Asian Pacific American (AP)  | <input type="checkbox"/> Native American (NA)                                | 14. Name of Contact Person  |                       |
| <input type="checkbox"/> Hispanic American (HI)   | <input type="checkbox"/> Hasidic Jewish American (HS)                        | E-mail  |                       |
| 12. Small Business Owned?<br><input type="checkbox"/> Yes <input type="checkbox"/> No           | 13. Woman Owned?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Phone (Area Code)   | Fax (Area Code)       |
| 15. Name(s) of Owner(s)/Principal(s)  |  | 16. Family/External Business Relationship to HUD/M&M Contract employees?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, attach an explanation.) |                       |
| 17. Preparer's Signature<br><br>X   | 18. Title  | 19. Date (mm/dd/yyyy)   | 20. Phone (Area Code) |

**For HUD Use Only (Items 21 - 29)** Do not send any attachments other than form SF-3881 to SAMS Service Contractor.  
The HOC must take whatever measures it deems appropriate to verify that the prospective payee is a legitimate entity prior to approving this form. The HOC may require any documents it deems appropriate to maintain sound internal controls over the establishment of payees in SAMS.

|   |                               |                       |                       |
|---|-------------------------------|-----------------------|-----------------------|
| 21. Reviewer's Signature (Supervisory M&M Contractor/ M&M GTR/Closing Agent GTR or Designee)<br><br>X | 22. Title                     | 23. Date (mm/dd/yyyy) | 24. Phone (Area Code) |
| 25. Selling Broker's Recertification Date   | 26. Approved for HOC Area(s): |                       |                       |

**Attach ACH Vendor/Miscellaneous Payment Enrollment Form (SF-3881) for Payee Types AP\*\*, CA, HA, NP\*\*, PM, and TS.**

27.  \*\*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.

|  |  |
|--|--|
| 28. Approver's Signature (HOC Director or Designee)<br><br>X | 29. Date of Approval/Submission to Service Contractor (mm/dd/yyyy) |
|--|--|

This information enables HUD to record and process financial transactions in its automated SAMS to dispose of acquired single-family properties. HUD reimburses M&M Contractors for their services in maintaining, marketing, and selling HUD homes, and HUD collects funds associated with the sales of these properties. The information enables HUD to create and maintain sound financial management practices and effective internal controls over the property disposition program. A response is required to obtain or maintain a benefit.

Privacy Act Statement. The Department of Housing & Urban Development (HUD) is authorized to collect the information on this form by the U.S. Housing Act of 1937, as amended. The Housing & Community Development Act of 1987, 42 U.S.C. 3543, authorizes HUD to collect Social Security Numbers (SSN). The information is being used as Payee reference information, IRS 1099 applicability, minority data collection information, payment remittance instructions and proof of business viability. The SSN is used as a unique identifier. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Providing the SSN is mandatory. Failure to provide the information could result in a delay or rejection of your eligibility approval.

## Instructions for Completing Form SAMS-1111

**Preparer:** Complete Items 1 and 2 or 3, and 7 thru 20 legibly in ink or type.

**HUD Office Staff:** Complete Items 4 thru 6, and 21 thru 29 legibly in ink or type. Sign Items 21 and 28 in ink.

- 1a. **Add New Payee:** Check if new payee and complete items 2 or 3 through 20.
- 1b. **Modify Existing Payee:** Check if modifying information for an existing payee. Items 4 and 17 - 20 and any changes must be completed.
- 1c. **Add New NAID for Existing Payee:** Check if linking a new NAID to an existing payee. Items 4, 9, 10 & 17-20 must be completed.
- 1d. **Selling Broker Recertification:** Check if recertifying selling broker. Items 4 & 17-20 must be completed.
- 2a. **EIN:** Enter the Employer Identification Number for the business.
- 2b. **Business Name:** Enter the name of the business as it should appear on checks or IRS form 1099-Misc.
- 2c. **Principal Broker's Name:** Enter the name of the principal broker as it should appear on checks or IRS Form 1099-Misc.
- 3a. **SSN:** Enter the individual's Social Security Number.
- 3b. **Individual Name:** Enter the name of the individual as it should appear on checks and IRS Form 1099-Misc.
4. **For HUD Use Only. Payee's NAID:** Enter the Name/Address Identifier(NAID) if existing payee.
5. **For HUD Use Only.** Enter the HOC Area Identifier (e.g., PA for Philadelphia Area A).
6. **For HUD Use Only. Payee Type:** Enter type code from below:  

|                           |                           |
|---------------------------|---------------------------|
| AP=Appraiser              | NP=Nonprofit organization |
| CA=Closing Agent          | PM=M&M Contractor         |
| GT=Local/State Government | SB=Selling Broker         |
| HA =Homeowner Association | TS=Trade/Service Vendor   |
| NB =Non-Business/Refund   |                           |
7. **Business Phone Number:** Enter the area code and telephone number.
8. **Business Address:** Enter complete mailing address of the company or individual named in item 2b or 3b above.
- 9 - 10. **Remittance Name and Address:** Enter the Name and Address for remittance of compensation only if different from Business/Individual Name and Address. This is typically the Doing Business As (DBA) Name.
11. **Minority-owned?:** Check "Yes" if the company is minority-owned. Check "No" if not. If yes, check the appropriate minority code for the business. Check only one type.
12. **Small Business Owned?:** Check "Yes" if the company qualifies as a small business. Check "No" if not.

13. **Woman Owned?:** Check "Yes" if the company qualifies as a woman owned business. Check "No" if not.
  14. **Contact Person:** Enter the name, telephone number, fax number, and email address of the contact person.
  15. **Names of Owners/Principals:** Enter the name(s) of the company's owner(s) or principal(s). Continue on separate page if necessary.
  16. **Related Parties:** Enter "Yes" if the payee has either a family relationship or an external business relationship with any HUD/M&M Contract employee. Attach explanation. Enter "No" if no such relationship exists.
  - 17 -20. **Preparer's Signature:** Enter legible signature, title, date, and phone number of person completing this form.
- For HUD Use Only.**
- 21 - 24. **Reviewer's Signature:** Enter legible signature, title, date, and phone number of individual reviewing the form.
  25. **Selling Broker's Recertification Date:** Date of next scheduled recertification by HUD Office. Enter month and year.
  26. **Approved for HOC Areas.** Enter the HOC area(s) in which the Payee is approved for work.
  27. Check if vendor will never receive a payment from HUD.
  - 28 - 29. **Approver's Signature:** Enter legible signature of the HOC Director or designee approving form and date form is approved and submitted to the Service Contractor.

**Note:** 48 CFR 2426 sets forth the Department of Housing and Urban Development's policy to promote Minority Business Enterprise participation in its procurement program. Executive Orders 11625 and 12432 require monitoring and evaluation of performance and reporting to Congress and the President. While completion of this data is not mandatory, we strongly encourage your cooperation. This data will be used only for reporting purposes. A minority business enterprise is a business which is at least 51 percent owned by one or more minority group members; or, in case of a publicly-owned business, one in which at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily business operations are controlled by one or more such individuals. For this purpose, minority group members are those identified on the face of this form.

**Attachments that must accompany this form to establish a new payee. When modifying an existing payee, attach applicable documentation relating to modification, e.g., change of banking institution, attach new Form SF-3881.**

|  | Payee Type |    |    |    |    |     |    |    |    |
|--|------------|----|----|----|----|-----|----|----|----|
|  | AP         | CA | GT | HA | NB | NP  | PM | SB | TS |
| <b>For All Payees:</b><br>Internal Revenue Service (IRS) documentation showing Business Name/Individual Name and Tax Identification Number (TIN). Examples include IRS Form 147C, Tax Return with preprinted label, IRS payment coupon. State issued forms are not acceptable. | √          | √  | √  | √  | √  | √   | √  | √  | √  |
| <b>In addition, for Payees not under formal contract with HUD:</b>   |            |    |    |    |    |     |    |    |    |
| Copy of Driver's License   | √          | √  |    |    |    |     | √  | √  | √  |
| Copy of first page of a recent telephone bill, utility bill, or bank statement   | √          | √  |    |    |    |     | √  | √  | √  |
| Copy of Local or State business license for payee's trade, if applicable   | √          | √  |    |    |    |     | √  |    | √  |
| Copy of State Real Estate Broker's license   |            |    |    |    |    |     |    | √  |    |
| Completed Form SF-3881, ACH Vendor/Misc. Payment Enrollment Form   | √*         | √  |    | √  |    | √*  | √  |    | √  |
| Completed Form SAMS-1111A, Selling Broker Certification  |            |    |    |    |    |     |    | √  |    |
| IRS Ruling/Determination Letter  |            |    |    |    |    | √** |    |    |    |
| <b>In addition, for Payees under formal contract with HUD:</b>   |            |    |    |    |    |     |    |    |    |
| Copy of first page of your signed contract with HUD  | √          | √  |    |    |    |     | √  |    | √  |
| Copy of first page of a recent telephone bill, utility bill, or bank statement   | √          | √  |    |    |    |     | √  |    | √  |
| * If the HOC Area Office does not intend to make payments to the vendor, check box in Item 27 and do not include Form SF-3881.   |            |    |    |    |    |     |    |    |    |
| ** If nonprofit organization cannot show proof of tax-exempt status, the payee type must be listed as TS.  |            |    |    |    |    |     |    |    |    |

Single Family Acquired Asset  
Management System (SAMS)  
**Selling Broker Certification**

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

Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This information enables HUD to record and process financial transactions in its automated Single Family Acquired Asset Management System (SAMS) to dispose of acquired single-family properties. HUD reimburses M & M Contractors for their services in maintaining, marketing, and selling HUD homes, and HUD collects funds associated with the sales of these properties. The information enables HUD to create and maintain sound financial management practices and effective internal controls over the property disposition program. A response is required to obtain or maintain a benefit.

**Privacy Act Statement.** The Department of Housing & Urban Development (HUD) is authorized to collect the information on this form by the U.S. Housing Act of 1937, as amended. The Housing & Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect Social Security Numbers (SSN). The information is being used as vendor reference information, minority data collection, payment/remittance instructions and proof of business viability. The SSN is used as a unique identifier. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Providing the SSN is mandatory. Failure to provide the information could result in a delay or rejection of your eligibility approval.

**Instructions:** Send completed form to local HUD HOC, Attn: Director, REO Division

**Earnest Money Deposit**

As a condition to participate in HUD's single family REO sales program, I agree to abide by the Department's earnest money policy.

Should HUD instruct me to collect earnest money deposits from prospective buyers, I agree to do so at the time the contract is written and, according to HUD's instructions, deposit such funds either in my escrow account (or client's trust account) or in such other manner as HUD may direct no later than the close of the next banking day; or forward such deposits to HUD with the contract.

I understand that I am fully responsible for any deposit accepted and placed in my escrow account (or client's trust account). I also understand that any deposit accepted and forwarded to HUD with a contract will only be in the form of a cashier's check, certified check, or money order with no termination date or cancellation provision.

Earnest money deposits being held in my escrow account (or client's trust account) shall be accounted for at the sales closing, unless the contract is terminated. I agree to immediately comply with HUD's instructions for the ultimate disposition of each earnest money deposit.

I agree to fully explain to each purchaser, prior to a contract being written, HUD's earnest money forfeiture policy.

\_\_\_\_\_  
Broker's Signature (Required) & Date (mm/dd/yyyy)

X

I am a signatory to a voluntary affirmative marketing agreement between HUD and the local board named:

\_\_\_\_\_  
For this reason, I am exempt from signing the non-discrimination portion of this certification.

\_\_\_\_\_  
Broker's Name (Please print or type)

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Broker's License Number

\_\_\_\_\_  
TIN/SSN

\_\_\_\_\_  
Company's Name & Mailing Address (include City, State, and Zip Code)

**For HUD Use Only**

NAID

**Non-Discrimination**

The undersigned broker participating in the sales of HUD-owned properties agrees that neither she/he nor her/his sales or rental personnel, employees or others authorized to act for her/him, in violation of Title VIII of the Civil Rights Act of 1968 (the "Fair Housing Act" Title VIII or Public Law 90-284) or Executive Order 11063, will decline to show or will discriminate in the sale or rental of any property now or hereafter listed with her/him.

It is further agreed that the undersigned will: (1) refrain from discrimination on the basis of race, color, creed, religion, sex, national origin, age or handicap in the sale or rental of property; (2) instruct their staffs in the policies of nondiscrimination and all applicable local, State, and Federal fair housing laws; (3) prominently display the Fair Housing Poster in all offices in which sale and rental activity takes place; (4) use the HUD-approved Equal Housing Opportunity logo, slogan, or statement in all advertising in conformance with the Advertising Guidelines for Fair Housing; (5) utilize any available minority media (in addition to other media that is used) when advertising HUD-owned properties; and (6) maintain a nondiscriminatory hiring policy in affirmatively recruiting from both minority and majority groups for staff.

Violation of any of the above provisions shall be subject to debarment procedures set forth in 24 CFR 24.

\_\_\_\_\_  
Broker's Signature & Date (mm/dd/yyyy)

X