



**SOCIAL HOUSING FINANCE CORPORATION**  
 a subsidiary of National Home Mortgage Finance Corporation  
 COMMUNITY MORTGAGE PROGRAM OPERATIONS GROUP  
 PROJECT INDIVIDUALIZATION DEPARTMENT

**FINAL BLOCK & LOT ASSIGNMENT OF MEMBER-BENEFICIARIES AND INFORMATION SHEET**

\_\_\_\_\_

Name of Community Association / Cooperative

\_\_\_\_\_

Address/Location

| No. | Block No. | Lot No. | Lot Area (m <sup>2</sup> ) | Name of Member-Beneficiary |       |        | Date of Birth (mm/dd/yy) | Name of Spouse |       |        | Conformity/Signature | Remarks |
|-----|-----------|---------|----------------------------|----------------------------|-------|--------|--------------------------|----------------|-------|--------|----------------------|---------|
|     |           |         |                            | Last                       | First | Middle |                          | Last           | First | Middle |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |
|     |           |         |                            |                            |       |        |                          |                |       |        |                      |         |

Prepared by:

\_\_\_\_\_

Certified Correct:

\_\_\_\_\_

President