

EXHIBIT F

STATE OF NEW YORK MORTGAGE AGENCY

ASSUMPTION AFFIDAVIT

IF ANY STATEMENT MADE BY YOU IN THIS AFFIDAVIT IS FALSE, THE MORTGAGE LOAN MADE TO YOU WILL NOT BE ELIGIBLE FOR THE STATE OF NEW YORK MORTGAGE AGENCY'S PROGRAM. IN SUCH EVENT THE OUTSTANDING PRINCIPAL BALANCE OF THE MORTGAGE LOAN MAY BE DECLARED IMMEDIATELY DUE AND PAYABLE.

IT IS A FEDERAL OFFENSE PUNISHABLE BY A MAXIMUM OF A \$5,000 FINE, TWO YEARS IMPRISONMENT, OR BOTH, KNOWINGLY TO MAKE A FALSE STATEMENT IN THIS AFFIDAVIT (TITLE 18 UNITED STATES CODES, SECTION 1014). READ IT CAREFULLY TO BE SURE THE INFORMATION IS TRUE AND COMPLETE BEFORE SIGNING THIS FORM. COMPLETE ALL QUESTIONS. IF ANY QUESTION IS NOT APPLICABLE, ANSWER "N/A". THE INFORMATION GIVEN BY APPLICANTS IS SUBJECT TO VERIFICATION BY THE STATE OF NEW YORK MORTGAGE AGENCY.

STATE OF
COUNTY OF ss:

The undersigned, as an essential part of an application for the assumption of a SONYMA mortgage loan (the "Mortgage Loan") wherein the existing mortgagor note or bond, does hereby depose and say:

- (1) The residence to be financed through the assumption of the Mortgage Loan (the "Residence") is located at the following address:

.....

- (2) The Residence is presently owned by the following person(s) (collectively, the "Seller"):

Name:

Address:

.....

Name:

Address:

.....

- (3) I intend to occupy the Residence as my principal residence, and not as a second-home or vacation home, within not more than 60 days after the closing of the Mortgage Loan.

.....
 (Applicant)

STATE OF
 COUNTY OF ss:

On this day of , 20 , before me personally came.....,
 to me known who, being by me duly sworn, did depose and say that _he resides at
and that _he signed his/her name to the above affidavit.

.....

(Notary Public)

Note: Additional qualifications will be required for Mortgage Loans originated under the Low Interest Rate Mortgage Program.