	CONTACT BUREAU OF ECONOMIC RESEARCH			MORTGAGE LOAN EXPERIENCE CARD (C.B.)					FINANCIAL RESEARCH PROGRAM		
	778 41;3 1771! B. Location of property: State Ohio Count Luyahoga City or town Cleveland										
	C. Type of prope	Type of property (check one)			D. Type of loan at time of making (check one)				E. Original schedule		
# <b>5</b>					1   FHA				of payments (check)		
	'' '	1 M One-family, no business 2 M Two-family, no business			2 Conventional, fully amortized				Prin. Int.		
	S. Three	S. Three-family, no business			3 M Conventional, partially amortized				i Monthly Z Z 2 Quarterly $\square$		
	5 D Brair	Four-family, no business  Business and 1- to 4-family			4 ☐ Conventional, non-amortized  5 ☐ Veterans Adm. guaranteed or insured loan						
	WAS SEED A RETTMENTS NO DISSINARS								Annual		
	7 D Apartments and business			F. Is this a purchase money mortgage? Yes  No  No					None		
	9 D Store	building	•	G. Is this	G. Is this a real estate sales contract? Yes 🗌 No 💢					te in these bomes)	
	Apartments and business    Office building			H. Original loan: (1) Year loan was made1947							
	12 D Vice	nt lot or land		(2) An	(2) Amt. \$. 4500. (3) Appraised value \$. 7500.					b & 0	
13 Other (please specify)								c			
	11/										
(5) Contract rate of interest											
Changes in Outstanding Balance											
		Unpaid Balance at Time of Modification	Advance of Additional Funds	Reduction of Principal		Extension of Contract Term	Change in Contract Rate of	Changes in Loan Type			
	Month and Year of Modification			By Compromise By Payment					** 4 3 7	Enpaid Balance after Modifications	
		(2)	(8)	(4)	(5)	(in yra.) (6)	Interest (7)	(see D above) (8)	New Appraisal (9)	(20)	
	Tite.	\$	\$	\$	\$		to%		\$	\$	
	Second						to%		•		
24	Third										
							to%				
_ 7	L Losn status:	(I) Still on book	s (state unpaid l	balance) \$	(2)	Paid off (year)	147				
		(If property was acquired and sold									
	of this part										
	(5) Title acquired (year); by foreclosure []; by voluntary deed []										
(Do not write below this line)											
	463078031018572113111470004500075014500600000450										
	2 2 3 4 5 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 46 47 46 49 46 47 46 49 46 47 46 49 46 47 46 49 46 47 46 49 46 47 46 49 46 47 46 49 46 47 46 49 46 47 46 49 49 49 49 49 49 49 49 49 49 49 49 49										
			06 67 68 00 70	73 73 74 78 7	6 77 78 79 40	1 2 3 4 5	6 7 8 9 10	11 13 13 14 15 16 17	18 19 20 21 22	23 24 25 20 23	
		Complete the Secretary Secretary Secretary			The state of the s	Talatita kirangan 15 daja sabagai bilangan ber	and the the the term of term o		11 73 T3 76 78	The second of th	