

## RURAL HOUSING GUARANTEE REPORT OF LOSS

INSTRUCTIONS --USE CAPITALIZED TYPE IN SPACES PROVIDED \_\_\_\_\_

Items 1 through 22 are to be completed by the Lender.

1. Report Type Code = \_\_\_\_\_ 2. Date of Claim = \_\_\_\_\_

3. Case No. = \_\_\_\_\_ 4. Borrower Name \_\_\_\_\_ 5. Loan No= \_\_\_\_\_

6. Date of Settlement \_\_\_\_\_ 7. Lender ID No. \_\_\_\_\_ 8. Branch No. \_\_\_\_\_ 9. Lender Name \_\_\_\_\_

### GUARANTEED LOAN ITEMS:

10. Principal Balance Owed on Debt \_\_\_\_\_ 11. Accrued Interest Owed \* \_\_\_\_\_

12. Principal Balance Owed on Protective Advance \_\_\_\_\_ 13. Accrued Interest on Protective Advance \_\_\_\_\_

14. Total (items 10 through 13) \_\_\_\_\_

\*The lender should attach documentation of these items per FMI.

### Section A RECOVERY FROM COLLATERAL SOLD

15. Amount Property Sold For \_\_\_\_\_

16. Lender's Liquidation Cost \_\_\_\_\_

17. Net Proceeds From Collateral \_\_\_\_\_

### Section B RECOVERY FROM OTHER ITEMS

18. Funds in escrow account(s) \_\_\_\_\_

19. Other Recovery \_\_\_\_\_

20. Cost of Collection \_\_\_\_\_

21. Net Recovery \_\_\_\_\_

(Item 18 and 19 less Item 20)

### Section C Completed by Lender if property was acquired at foreclosure or by deed-in-lieu of foreclosure

22. Lender's Liquidation Costs \_\_\_\_\_

### Section D- VALUE OF COLLATERAL ACQUIRED. Completed by Rural Housing Service(RHS) if Lender acquired property at foreclosure or by deed-in-lieu of foreclosure. Do not complete if Section A above has been completed.

23. Appraised Value \_\_\_\_\_ 25. Appraised Value Factor \_\_\_\_\_

(Item 23 x Item 24)

24. Acquisition Management, \_\_\_\_\_ 26. Net Proceeds from Collateral \_\_\_\_\_

Resale Factor

(Item 23 less Items 22 and 25)

### Section E

Loss guaranteed:

27. Lesser of Original Note \_\_\_\_\_ 28. Maximum Loss Payable \_\_\_\_\_

Amount or Principal Actually

(90% of Item 27)

Advanced

29. Authorized Lender Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0179. The time required to complete this information collection is estimated to average 1 hour 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.

REVERSE OF FORM 1980-20

BORROWER NAME \_\_\_\_\_

ADJUSTMENTS TO LOSS:

30. Reduced Claim Amount \* \_\_\_\_\_ 31. Denied Claims Amounts \* \_\_\_\_\_

32. Total Adjustments (Item 30+31) \_\_\_\_\_

\* The Agency approval official should attach documentation of these items per FMI

33. Total Debt - Net Proceeds (Item 14, less line 17 or 26, less item 21, less item 32) (If <= 0, Enter 0) \_\_\_\_\_

34. 35% of Item 27 \_\_\_\_\_

35. Amount of Loss in Excess of 35% of Loan (item 33 less item 34)(If <=Zero, leave blank) \_\_\_\_\_

36. Amount from Item 35 X 85% (if zero or less, enter zero and skip to item 38) \_\_\_\_\_

37. Amount of Loss (Item 34 PLUS Item 36) \_\_\_\_\_

38. Total Computed Loss Payable (LESSER of Item 33 or Item 37, if Item 37 is blank, enter the amount from Item 33) \_\_\_\_\_

39. Release of Liability Code (Y=Yes,N=No)

40. Adjustment Reason Code  41. Additional Interest  (Y=Yes,N=No)

42. Amount Due Agency \_\_\_\_\_ 43. Balance Due Lender \_\_\_\_\_

\_\_\_\_\_  
 Authorized Agency Signature Title Date

FINANCE OFFICE USE

45. Unsatisfied Principal \_\_\_\_\_ 46. Interest Rate \_\_\_\_\_

47. Basis \_\_\_\_\_ 48. Number of Days \_\_\_\_\_

49. Additional Interest \_\_\_\_\_

Adjusted Loss Payable with Additional Interest

50. Total debt - Net Proceeds (Item 33 PLUS Item 49) \_\_\_\_\_

51. Loss (up to 35% of Item 27) \_\_\_\_\_

52. Amount of Loss In excess of 35% of Loan (Item 50 LESS Item 51) \_\_\_\_\_

53. Amount from Item 52 X 85% \_\_\_\_\_

54. Amount of Loss (Item 51 plus Item 53) \_\_\_\_\_

55. Loss payable with Additional Interest (Lesser of Item 50 OR Item 54) \_\_\_\_\_

56. Check amount \_\_\_\_\_ 57. Check Issue Code

1 = Systems Generated 3=No check Issued

2 = Manual Check 4=Refund

58. Date of Manual Check

    |    |    |    |    |    |

59. Date of Deposit

    |    |    |    |    |    |