

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

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59. Date of Deposit

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