

RURAL HOUSING GUARANTEE REPORT OF LOSS

INSTRUCTIONS TYPE IN CAPITALIZED TYPE IN SPACES MARKED

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

1. Report Type Code _____ 2 = Final Loss 4 = Recovery B = Adjustment to Loss	2. Date of Claim _____
3. Case No. _____ 5. Loan No. 6. Date of Settlement _____ 8. Branch No. _____	4. Borrower Name _____ 7. Lender ID 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 thru 13) \$ _____	*The Lender should attach documentation of these items per FMI.

Section A RECOVERY FROM COLLATERAL SOLD

Completed by Lender if collateral was sold to a third party.

15. Amount Property Sold \$ _____
for

16. Lender's Liquidation \$ _____
Costs

17. Net Proceeds from \$ _____
Collateral

Section B RECOVERY FROM OTHER ITEMS

Completed by Lender for recovery from other sources.

18. Funds in escrow account(s) \$ _____

19. Other Recovery \$ _____

20. Cost of Collection \$ _____

21. Net Recovery \$ _____
(Items 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-m-lieu of foreclosure. This section should not be completed if Section A above has been completed.

23. Appraised Value \$ _____	25. Appraised Value Factor \$ _____ (Item 23 x Item 24)
24. Acquisition Management, Resale Factor % _____	26. Net Proceeds from \$ _____ Collateral (Item 23 less Items 22 and 25)

Section E LOSS GUARANTEE:

27. Lesser of Original Note \$ _____ Amount or Principal Actually Advanced	28. Maximum Loss Payable (90% \$ _____ of Item 27)
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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 0575-0078. 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.

ADJUSTMENTS TO LOSS

30. Reduced Claim Amounts * \$ _____ 31. Denied Claim Amounts * \$ _____ 32. Total Adjustments (Items 30 + 31) \$ _____

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

33. Total debt - Net Proceeds (Item 14, less Item 17 or 26, less Item 21, less Item 32) \$ _____

34. 35% of Item 27 \$ _____

35. Amt. Loss in Excess of 35% of Loan (Item 33 less Item 34) \$ _____

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 from Liability Code ___ Y=Yes or N=No

40. Adjustment Reason Code _____ 41. Additional Interest ___ Y=Yes or N=No

42. Amount Due Agency \$ _____ 43. Balance Due Lender \$ _____

44. _____

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. Amt 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 = System Generated 3 = No Check Issued
 2 = Manual Check 4 = Refund

58. Date of Manual Check _____

59. Date of Deposit - _____