

ANNUAL INTEREST ASSISTANCE AGREEMENT

Guaranteed RH Loans

Date of Note	Amount of Note	Type of Agreement 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Corrected 3 <input type="checkbox"/> Mid-Term Revision 4 <input type="checkbox"/> Cancellation			
Note Rate %	Floor Rate %	Case Number	Effective Date		
Loan Number	Lender Identification Number		Branch Number		

I. This agreement between the United States of America, acting through the Rural Housing Service and Community Development Service pursuant to Title V of the Housing Act of 1949, (called "the Government") and the borrower whose name appears below (called "Borrower") supplements the Master Interest Assistance and Shared Equity Agreement with Promissory Note dated \_\_\_\_\_ (called Master Agreement whether one or more).

II. TO BE COMPLETED BY BORROWER (If additional space is needed, attach additional sheets)

A. Complete the following for borrower, co-borrower, and all adult members of the household who will receive income.

Name	Age	Planned Income Next 12 Months		Names and addresses of employer or source of income
		Wages	Other	
1.				
2.				
3.				

B. Number of dependents (not including foster children) residing in the dwelling

SIGNATURES OF BORROWERS. I (we) certify that this information is correct to the best of my (our) knowledge and have read and understand the requirements and conditions on the Master Agreement.

**WARNING:** Section 1001 of Title 18, United States Code, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device ... a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both."

\_\_\_\_\_  
(Borrower) \_\_\_\_\_ (Co-Borrower) \_\_\_\_\_ (Date)

III. TO BE COMPLETED BY THE LENDER

1. Annual Income _____	Complete this column for each Loan Note 4. Installment (@ Note Rate) _____ 5. Installment (@ Note Rate) _____ 6. Difference _____ 7. Interest Assistance Monthly _____ Overpayment to be Offset _____ Total Amount _____ Monthly Amount _____
2. Deductions _____	
3. Adjusted Annual Income _____ (1 minus 2)	
Low-Income Limit - Maximum _____	

IV. MONTHLY INSTALLMENT NOTE: Subject to the provisions of this agreement, the borrower will pay \_\_\_\_\_ dollars per month for 12 months beginning \_\_\_\_\_ (not including any amounts required for taxes and insurance escrow accounts). This agreement may be revised or cancelled as provided by the conditions listed on the Master Agreement.

Prepared by (Authorized Lender Signature & Title) _____	UNITED STATES DEPARTMENT OF AGRICULTURE Rural Housing and Community Development Service (Authorized Signature & Title) _____
Date _____	Date _____

V. The Government's share of payments made under this agreement are reduced by \_\_\_\_\_ dollars per month for \_\_\_\_\_ months to offset the amount of \_\_\_\_\_ which the Government and Borrower agree represents an overpayment of assistance for the period \_\_\_\_\_ to \_\_\_\_\_.

VI. TO BE COMPLETED BY RHS SERVICING OFFICE ONLY: The lender is entitled to a processing fee for the preparation of this agreement.

Enter 1 for system generated check. 2 for manual check (Finance Office Only), or 3 for no check issued.  
Date of Processing Fee \_\_\_\_\_ (Finance Office Only)

VII. FINANCE OFFICE USE ONLY

Check Issue Code \_\_\_\_\_  
Manual Check (Interest Assistance) \_\_\_\_\_ (Date) \_\_\_\_\_ (Amount) \_\_\_\_\_

Information provided on this form is used by RHCDS to calculate the amount of interest subsidy the borrower will receive and the amount of loan installment the borrower will pay in the ensuing year. Information collected is necessary to receive the subsidy benefits.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 20 minutes 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.