

**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 <input type="text"/> 2 = Final Loss 4 = Recovery B = Adjustment to Loss	2. Date of Claim <input style="width:100%;" type="text"/>
3. Case No. <input style="width:100%;" type="text"/>	4. Borrower Name <input style="width:100%;" type="text"/>
6. Date of Settlement <input style="width:100%;" type="text"/>	5. Loan No. <input style="width:100%;" type="text"/>
7. Lender ID No. <input style="width:100%;" type="text"/>	8. Branch No. <input style="width:100%;" type="text"/>
	9. Lender Name <input style="width:100%;" type="text"/>

**GUARANTEED LOAN ITEMS:**

10. Principal Balance Owed on Debt \$ <input style="width:100%;" type="text"/>	11. Accrued Interest Owed* \$ <input style="width:100%;" type="text"/>
12. Principal Balance Owed on Protective Advance* \$ <input style="width:100%;" type="text"/>	13. Accrued Interest on Protective Advance* \$ <input style="width:100%;" type="text"/>
14. Total (Items 10 thru 13) \$ <input style="width:100%;" type="text"/>	

\*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	\$	<input style="width:100%;" type="text"/>
16. Lender's Liquidation Costs	\$	<input style="width:100%;" type="text"/>
17. Net Proceeds from Collateral	\$	<input style="width:100%;" type="text"/>

**Section B RECOVERY FROM OTHER ITEMS**  
Completed by Lender for recovery from other sources.

18. Funds in escrow account(s)	\$	<input style="width:100%;" type="text"/>
19. Other Recovery	\$	<input style="width:100%;" type="text"/>
20. Cost of Collection	\$	<input style="width:100%;" type="text"/>
21. Net Recovery <i>(Items 18 and 19 less Item 20)</i>	\$	<input style="width:100%;" type="text"/>

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

22. Lender's Liquidation Costs	\$	<input style="width:100%;" type="text"/>
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**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. This section should not be completed if Section A above has been completed.

23. Appraised Value	\$	<input style="width:100%;" type="text"/>	25. Appraised Value Factor <i>(Item 23 x Item 24)</i>	\$	<input style="width:100%;" type="text"/>
24. Acquisition Management, Resale Factor	%	<input style="width:100%;" type="text"/>	26. Net Proceeds from Collateral <i>(Item 23 less Items 22 and 25)</i>	\$	<input style="width:100%;" type="text"/>

**Section E LOSS GUARANTEE:**

27. Lesser of Original Note Amount or Principal Actually Advanced	\$	<input style="width:100%;" type="text"/>	28. Maximum Loss Payable <i>(90% of Item 27)</i>	\$	<input style="width:100%;" type="text"/>
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29. Authorized Lender Signature _____	Title _____	Date _____
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*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 - [ ] [ ] - [ ] [ ] - [ ] [ ]