

Form RD 1980-19 (Rev 02-02)		GUARANTEED LOAN CLOSING REPORT	
		TRANSACTION CODE 4030	
1. CASE NUMBER ST CO BORROWER'S ID		4. LENDER ID NO.	5. LENDER STATUS CODE
		7. CERTIFICATION EFFECTIVE MO DA YR DATE	8. CERTIFICATION EXPIRATION MO DA YR DATE
2. BORROWER NAME AND ADDRESS (INCLUDING ZIP CODE)		9. LENDER NAME AND ADDRESS (INCLUDING ZIP CODE)	
3. BORROWER TYPE CODE		10. SERVICING OFFICE	
11. SOURCE OF FUNDS	12. INTEREST ASSISTANCE CODE	13. GUARANTEE FEE PURPOSE CODE	14. FEE RATE %
15. AMOUNT OF GUARANTEE FEE PAID	16. AMOUNT OF LOAN-LINE OF CREDIT	17. ADVANCE AMOUNT TO DATE	18. CLOSING DATE MO DA YR
19. MATURITY DATE OF LOAN MO DA YR	20. TERM OF BUYDOWN/ INTEREST ASSISTANCE YEARS	21. PERCENT OF LOAN GUARANTEED .0000 %	22. LENDER'S NOTE INTEREST RATE ON GUARANTEED PORTION %
23. LENDER'S NOTE INTEREST RATE ON NONGUARANTEED PORTION %	24. BUYDOWN/INTEREST ASSISTANCE RATE %	25. PERIOD OF OPERATING LINE OF CREDIT YEARS	26. RESERVED
27. TYPE OF GUARANTEE 1-LINE OF CREDIT 2-LOAN NOTE GUARANTEE	28. INTEREST BASIS (360 OR 365 DAYS) 3 6	29. INTEREST RATE CODE 1 - SINGLE VARIABLE 2 - SINGLE FIXED 3 - MULTI VARIABLE 4 - MULTI FIXED	30. BALANCE OWED ON LOAN
31. DATE GUARANTEE PERIOD BEGINS MO DA YR	32. DATE GUARANTEE PERIOD ENDS MO DA YR	33. ANNUAL REVIEW DATE MO DA YR	34. CERTIFIED LOAN N-NO Y-YES
35. AUTHORIZED LENDER'S SIGNATURE - I certify that all conditions of the conditional commitment have been met and that this report accurately describes the subject loan.		36. TITLE	37. DATE
COMPLETED BY AGENCY SERVICING OFFICE			COMPLETED BY FINANCE OFFICE
38. GUARANTEED LOAN NUMBER	39. OBLIGATED LOAN NUMBER	40. BRANCH NUMBER	41. DATE OF DEPOSIT MO DA YR
42. SIGNATURE OF AGENCY REPRESENTATIVE - I have reviewed this report and the information is consistent with the conditional commitment and the supporting documentation provided by the lender.		43. TITLE	44. DATE

AGENCY SERVICING OFFICE (ORIGINAL) - FILE POSITION 2 LENDER

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 0575-0137. 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.