

**NOTICE OF DEFAULT**

**Department of the Interior Loan Guarantee, Insurance and Interest Subsidy Program**

(Using this form is optional, but it complies with 25 CFR § 103.35.)

- Department Loan Guarantee Certificate Number \_\_\_\_\_
- Department Loan Insurance under Loan Insurance Agreement Number \_\_\_\_\_

Lender: _____  Borrower: _____
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Guarantee or Insurance Percentage: \_\_\_\_\_  
Original Loan Principal Amount: \$ \_\_\_\_\_  
(Exclusive of amounts potentially added pursuant to 25 CFR §§ 103.8, 103.34, or 103.36)  
Lender's Internal Loan Number: \_\_\_\_\_  
Interest Subsidy awarded on loan?     Yes  No

Indicate the earliest date of default, as defined by 25 CFR § 103.44: \_\_\_\_\_,  
20\_\_  
List                      all                      bases                      for                      default:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is a monetary default, list:  
1.     the amount of past due principal: \_\_\_\_\_

Revised March 2010

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Control No. 1076-0020  
Expires:

\_\_\_\_\_

\_\_\_\_\_

- 2. the amount of past due interest: \_\_\_\_\_
- 3. the amount of any late fees: \_\_\_\_\_
- 4. the amount of any precautionary advances: \_\_\_\_\_
- 5. any other amounts the Lender claims: \_\_\_\_\_  
(Identify authority in space provided below.)

**TOTAL:**

\_\_\_\_\_

- 6. the date through which interest has been calculated:

20\_\_\_\_\_,  
\_\_\_\_\_

Indicate the nature and outcome of any correspondence or other contacts with the Borrower concerning the default (including dates):

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Indicate the precise nature of any action the Borrower could take to cure the default:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any special circumstances concerning this default (e.g., Borrower or a principal or guarantor is subject to bankruptcy proceedings; explanation for amounts Lender is including in its claim, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

LENDER: \_\_\_\_\_

By: \_\_\_\_\_  
Its: \_\_\_\_\_

**Note: The Lender should send the Department this Notice of Default via certified mail (return receipt requested) or by a nationally-recognized overnight delivery service (signature of recipient required). See 25 CFR § 103.35(b).**

**Paperwork Reduction Act Statement:** This form is covered by the Paperwork Reduction Act. It is used to notify the Federal government of a potential liability. The information is provided by respondents to obtain or retain a benefit. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and an expiration date. The number and expiration date are at the top right corner of the form. An agency may not sponsor or conduct, and a person is not required to respond to, a request for information collection unless it displays a currently valid OMB Control Number. The public reporting burden is estimated to average *½ hour per respondent*. This includes the time needed to understand the requirements, gather the information, complete the form, and submit it to the Department. Comments regarding the burden or other aspects of the form may be directed to the

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Revised March 2010

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Indian Affairs Information Collection Clearance Officer, Office of Regulatory Affairs - Indian Affairs,  
1849 C Street, NW, MS-4141, Washington, DC 20240.

**Privacy Act Statement (5 U.S.C. 552(a)):** The authority for collecting this information is 25 U.S.C. 1511. The information will be used to administer the Loan Guarantee, Insurance and Interest Subsidy Program, 25 U.S.C. 1481 *et seq.* Disclosures of this information may be made to track and record payments and unpaid balances and provide information on payments made for paying interest subsidy, credits obtained, service loans made, and premiums paid by Lenders, and for the other routine uses described by system of record notice, BIA-13, Loan Management and Accounting System.