

Form RD 1980-24  
(Rev. 6-99)

**REQUEST INTEREST ASSISTANCE/INTEREST RATE BUYDOWN/  
SUBSIDY PAYMENT TO GUARANTEED LOAN LENDER**

**Transaction 4031**

1. CASE NO. ST CO                      BORROWER'S ID		2. BORROWER NAME			
3. LENDER ID NO.		4. LENDER NAME		5. BRANCH NO.	
6. LOAN NO.			7. ORIGINAL LOAN AMOUNT		
8. BEGINNING CLAIM PERIOD. MO    DA    YR			9. END CLAIM PERIOD MO    DA    YR		
10. PRINCIPAL BALANCE AT BEGINNING OF CLAIM PERIOD			11. ACCRUED INTEREST AT BEGINNING OF CLAIM PERIOD		
12. AMOUNT OF PRINCIPAL ADVANCED DURING CLAIM PERIOD			13. INTEREST PAYMENTS DURING CLAIM PERIOD		
14. PRINCIPAL PAYMENTS DURING CLAIM PERIOD			15. ACCRUED INTEREST AT END OF CLAIM PERIOD		
16. PRINCIPAL BALANCE AT END OF CLAIM PERIOD			17. INTEREST PAYABLE		
18. FINAL PAYMENT 1 = YES 2 = NO		19. CHECK ISSUED CODE <i>(Completed by the Agency)</i> 1 = SYSTEM GENERATED CHECK 2 = MANUAL CHECK 3 = NO CHECK ISSUED		20. DATE MANUAL CHECK ISSUED <i>(Completed by Finance Office)</i> MO    DA    YR	

**REQUEST FOR CONTINUATION/ADJUSTMENT OF INTEREST ASSISTANCE**

21. BEGINNING DATE TERM OF NEXT INTEREST ASSISTANCE PERIOD MO    DA    YR		22. ENDING DATE MO    DA    YR		23. PERCENT OF ASSISTANCE REQUESTED NEXT PERIOD  %	
24. TERMINATE INTEREST ASSISTANCE AGREEMENT 1=YES    IF YES ALL ASSISTANCE FUNDS FOR 2=NO    THE LIFE OF THE ASSISTANCE ARE DEOBLIGATED (NO FUTURE PAYMENTS)		25. EFFECTIVE DATE OF TERMINATION MO    DA    YR		26. REASON FOR TERMINATION CODE	
27. AUTHORIZED LENDER'S SIGNATURE  <i>I hereby certify that the above claim is accurate and consistent with the terms of Agency regulations and the Interest Assistance Agreement or Interest Rate Buydown Agreement. The Request for Continuation /Adjustment was determined based on the borrower need in accordance with Agency regulations and the Interest Assistance Agreement.</i>		28. TITLE		29. DATE	

**APPROVAL (AGENCY USE ONLY)**

30. Percent of Interest Assistance Approved for next period.

I have reviewed the above Request for Payment of Interest Assistance/Interest Rate Buydown/Subsidy and/or Request for Continuation/Adjustment of Interest Assistance. The requested payment and/or approved level of continued interest assistance is consistent with the supporting documentation, Agency regulations and the Interest Assistant Agreement/Interest Rate Buydown Agreement.

31. AUTHORIZED AGENCY OFFICIAL (SIGNATURE)		32. TITLE		33. 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 0575-0174. The time required to complete this information collection is estimated to average 30 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.

RURAL DEVELOPMENT SERVICING OFFICER

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