

**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 _____ 2 = Final Loss 4 = Recovery B = Adjustment to Loss	2. Date of Claim _____
3. Case No. _____ 5. Loan No.                      6. Date of Settlement _____ 8. Branch No. _____	4. Borrower Name _____ 7. Lender ID No. _____ 9. Lender Name _____

**GUARANTEED LOAN ITEMS:**

10. Principal Balance Owed on Debt \$ _____	11. Accrued Interest Owed* \$ _____
12. Principal Balance Owed on Protective Advance* \$ _____	13. Accrued Interest on Protective Advance* \$ _____
14. Total (Items 10 thru 13) \$ _____	*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

16. Lender's Liquidation \$ \_\_\_\_\_  
Costs

17. Net Proceeds from \$ \_\_\_\_\_  
Collateral

**Section B RECOVERY FROM OTHER ITEMS**

Completed by Lender for recovery from other sources.

18. Funds in escrow account(s) \$ \_\_\_\_\_

19. Other Recovery \$ \_\_\_\_\_

20. Cost of Collection \$ \_\_\_\_\_

21. Net Recovery \$ \_\_\_\_\_  
*(Items 18 and 19 less Item 20)*

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

22. Lender's Liquidation Costs \$ \_\_\_\_\_

Section D VALUE OF COLLATERAL ACQUIRED Completed by Rural Housing Service (RHS) if lender acquired property at foreclosure or by deed-m-lieu of foreclosure. This section should not be completed if Section A above has been completed.

23. Appraised Value \$ _____	25. Appraised Value Factor \$ _____ (Item 23 x Item 24)
24. Acquisition Management, Resale Factor % _____	26. Net Proceeds from \$ _____ Collateral (Item 23 less Items 22 and 25)

**Section E LOSS GUARANTEE:**

27. Lesser of Original Note \$ _____ Amount or Principal Actually Advanced	28. Maximum Loss Payable (90% \$ _____ of Item 27)
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29. Authorized Lender Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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 - \_\_\_\_\_