Issuer's Monthly Summary Report

U.S. Department of Housing and Urban Development

Government National Mortgage Association

OMB Approval No. 2503-0033 (Exp. 00/00/0000)

Public reporting burden for this collection of information is estimated to average 8 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. Ginnie Mae may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The information is required by Sec. 306(g) of the National Housing Act or by Ginnie Mae Handbook 5500.3, Rev. 1. The purpose of this information is to report to Ginnie Mae a summary of information on an issuer's outstanding pools or loan packages, to provide a certification as to the accuracy of the information reported, and to provide a format for RPB reporting. The information collected will not be disclosed outside the Department except as required by law

Issuer (Name,	Address	and Zip C	ode)				Ori	ssion Ty iginal Re evised R	eport	This report is only fo Ginnie Mae I Po Ginnie Mae II F		
Numbe	r of Poo	ls and L	oan Pkgs.	Date		Repo	rting Month	Issuer ID Number			Issuer RPB Report ID Number		
(1) Inst	allment	s Delino	uent Cons	olidated Su	mmary of A	All Pools/Lo	oan Package	es			(2) Total Escrow Fu	nds	
Total No. of Mortgages		N		Percent relinquent	Installments One Two		elinquent Three or More	Foreclosure		Percent 2 or More Months Delin. Excluding Foreclosures	(3) Total Funds Other Than Escrow		
	(Report Balances this month end and Principal amount of this month end)							unt of se	of securities Due Holder		Due Holders		
Gua Fe				al . of ages	Total Fixed Installment Control (6)		Pkg. F	ool/Loan Principal ance		Total Security Principal Balance (8)	Total Principal	Total Interest	
Total	(4)		(5)				((9)	(10)	
Ginnie										II Issuers Only			
Date all (Ginnie			or funds elec	tronically re	mitted to ho	lders last n	nonth	ACH	Bank (N	lame and Address)	Account Number		
All Issue	ers												
Authoriz	ed Sign	ature						Printed Name					
Title	Title								Phone Number (include Area Code)				

By signing above, I hereby certify that the information contained herein and submitted electronically in the RFS Issuer Monthly Report of Pool and Loan Data is true and accurate to the best of my knowledge and belief.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)