**FORM APPROVED OMB NO. 0575-0137**

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| **Form RD 1980-19 GUARANTEED LOAN CLOSING REPORT****(Rev XX-XX) TRANSACTION CODE 4030** |
| **1. CASE NUMBER****ST CO BORROWER'S ID** | **4. LENDER ID NO.** | **5. LENDER STATUS CODE** | **6. LENDER TYPE 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****. 0 0 0 0 %** | **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. LOAN CLASSIFICATION CODE** |
| **27. TYPE OF GUARANTEE 1-LINE OF CREDIT****2-LOAN NOTE GUARANTEE** | **28. INTEREST BASIS (360 OR 365 DAYS)****3 6** | 1. **INTEREST RATE CODE 1 - SINGLE VARIABLE 2 - SINGLE FIXED**
	1. **- MULTI VARIABLE**
	2. **- 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.***