

Form RD 1980-19 (Rev XX-XX)				GUARANTEED LOAN CLOSING REPORT			
				TRANSACTION CODE 4030			
1. CASE NUMBER		4. LENDER ID NO.		5. LENDER STATUS CODE		6. LENDER TYPE CODE	
ST CO BORROWER'S ID		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 .0000 %		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		29. INTEREST RATE CODE 1 - SINGLE VARIABLE 2 - SINGLE FIXED 3 - MULTI VARIABLE 4 - 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.