

ANNUAL INTEREST ASSISTANCE AGREEMENT  
Guaranteed RH Loans

Date of Note	Amount of Note	Type of Agreement 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Corrected 3 <input type="checkbox"/> Mid-Term Revision 4 <input type="checkbox"/> Cancellation	
Note Rate %	Floor Rate %	RHS Borrower ID	Effective Date
Loan Number	Lender Identification Number	Branch Number	

I. This agreement between the United States of America, acting through the Rural Housing Service (RHS) pursuant to Title V of the Housing Act of 1949, (called "the Government") and the borrower whose name appears below (called "Borrower") supplements the Master Interest Assistance and Shared Equity Agreement with Promissory Note dated \_\_\_\_\_ (called Master Agreement whether one or more).

II. TO BE COMPLETED BY BORROWER (If additional space is needed, attach additional sheets)

A. Complete the following for borrower, co-borrower, all adult members of the household who will receive income.

Name	Age	Planned Income		Names and addresses of employer or source of income
		Next 12 Months		
		Wages	Other	
1.				
2.				
3.				

B. Number of dependents (not including foster children) residing in the dwelling . \_\_\_\_\_

SIGNATURES OF BORROWERS. I (we) certify that this information is correct to the best of my (our) knowledge and have read and understand the requirements and conditions on the Master Agreement.

**WARNING:** Section 1001 of Title 18, United States Code, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both."

_____ (Borrower)	_____ (Co-Borrower)	_____ (Date)
III. TO BE COMPLETED BY THE LENDER		
1. Annual Income _____	Complete this column for each Loan Note	
2. Deductions _____	4. Installment (@ Note Rate) _____	
3. Adjusted Annual Income (1 _____ minus 2) _____	5. Installment (@ Note Rate) _____	
Low-Income Limit - Maximum _____	6. Difference _____	
	7. Interest Assistance Monthly _____	
	Overpayment to be Offset _____	
	Total Amount _____	
	Monthly Amount _____	

IV. MONTHLY INSTALLMENT NOTE: Subject to the provisions of this agreement, the borrower will pay \_\_\_\_\_ dollars per month for 12 months beginning \_\_\_\_\_ (not including any amounts required for taxes and insurance escrow accounts). This agreement may be revised or cancelled as provided by the conditions listed on the Master Agreement.

Prepared by (Authorized Lender Signature & Title) \_\_\_\_\_ UNITED STATES DEPARTMENT OF AGRICULTURE  
Rural Housing Service (Authorized Signature & Title)

Date \_\_\_\_\_ Date \_\_\_\_\_

V. The Government's share of payments made under this agreement are reduced by \_\_\_\_\_ dollars per month for \_\_\_\_\_ months to offset the amount of \_\_\_\_\_ which the Government and Borrower agree represents an overpayment of assistance for the period \_\_\_\_\_ to \_\_\_\_\_.

Information provided on this form is used by RHS to calculate the amount of interest subsidy the borrower will receive and the amount of loan installment the borrower will pay in the ensuing year. Information collected is necessary to receive the subsidy benefits.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0575-0179. The time required to complete this information collection is estimated to average 40 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