

REPORT ON REAL ESTATE PROBLEM CASE

| | | |
|------------------------|--|-------------|
| Type of Loan (Specify) | | STATE |
| | | COUNTY |
| | | CASE NUMBER |

| | |
|--|-------------------------------------|
| 1. Borrower(s)' name, address, ZIP Code, telephone number and social security number | 2. Address of Real Estate Security: |
|--|-------------------------------------|

| | | | |
|---|---------------------------------|--------------------------|--------------------------|
| 3. Name, address, and social security number of other parties occupying the property and their interests. | | Yes | No |
| | 4. Is there a cosigner? | <input type="checkbox"/> | <input type="checkbox"/> |
| | 5. Borrower occupying property? | <input type="checkbox"/> | <input type="checkbox"/> |
| | 6. Property abandoned? | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7. Obligors in Armed Forces? | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--|--|
| 8a. Prior lienholder's name and address: | 8b. Prior lienholder's name and address: |
|--|--|

| | | | |
|--------------|-----------------|--------------|-----------------|
| Amount Owed: | Current Status: | Amount Owed: | Current Status: |
| \$ | | \$ | |

9. LOAN INFORMATION

| LOAN NUMBER | DATE OF NOTE(S) | AMOUNT OF NOTE(S) | STATEMENT OF ACCOUNT | | | | |
|-------------|-----------------|-------------------|----------------------|-----------|-------|----------------|------------------------|
| | | | Interest | Principal | Total | Effective Date | Daily Interest Accrual |
| | | | | | | | |

| | | | |
|-------------------|---------------------------------|-----------------------------|----------------------|
| Amount Delinquent | Amount of Scheduled Installment | Number of months in default | Date of last payment |
|-------------------|---------------------------------|-----------------------------|----------------------|

10. REASON FOR ACTION:

- Not occupying or operating
 Monetary Default
 Deceased Borrower
 Graduation
 Other

11. SUPERVISED BANK ACCOUNT INFORMATION (Complete only if there are funds in bank account):

| | |
|---------------------------|------------------------------------|
| Date of Deposit Agreement | Bank's name, address, and ZIP Code |
|---------------------------|------------------------------------|

| | | |
|------------------|-------------------------------|--|
| Account Balance: | Amount of Outstanding Checks: | Is borrower available and willing to sign check to refund? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------|-------------------------------|--|

12. Delinquent taxes: \$ _____ For taxable years: _____

13. Property insurance expiration date: _____

14. Borrower's Occupation: _____ Age: _____ Estimated Annual Family income \$ _____

15. Market Value \$ _____ Security Maintained? Yes No Property Suitable for Agency Programs? Yes No

16. FARM INFORMATION: Does the borrower operate the security? Yes No

Acres in Farm: _____ In cultivation: _____ In pastures: _____ Other: _____

17. ASSETS OTHER THAN THE SECURITY PROPERTY (Do not include Household Goods)

| QUANTITY | DESCRIPTION | DOLLAR VALUE | IF MORTGAGE, TO WHOM? | AMOUNT OF MORTGAGE |
|----------|-------------|--------------|-----------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

18. OTHER AGENCY LOANS NOT SECURED BY REAL ESTATE Yes No
IN CASE OF SUCH LOANS, IS A REQUEST FOR LEGAL ACTION BEING SUBMITTED? Yes No

19. RECOMMENDATIONS OF AGENCY OFFICIAL:

Comment on (1) the factors contributing to the borrower's present problem and (2) the efforts that have been made to assist the borrower in resolving the problem-borrower's attitude, possibilities with interest credit and moratorium, amount and type of delinquency servicing, possibility of sale of property outside the program, transfer to an approved applicant, or voluntary conveyance to the Government. COMMENT ON IMPAIRMENT OF GOVERNMENT'S POSITION IF ACTION IS DELAYED, COLLECTIBILITY OF DEFICIENCY JUDGMENT IF OBTAINED AGAINST BORROWER.

Agency Official's Name _____ Title _____ Date _____

20. AGENCY OFFICIAL

Case has been thoroughly reviewed to determine if the case was serviced in accordance with published regulations; and borrower's financial condition has been assessed to determine if a deficiency judgment would be collectible.

Decision: Foreclosure is approved not approved.

Agency Official's Name _____ Title _____ Date _____