

USDA-RD
Form RD 1980-87
(Rev. 5/95)

SHARED EQUALITY PAYMENT

THIS FORM IS MAILED SEPERATELY TO THE FINANCE OFFICE MAIL CODE FC-340E

Servicing Officer: _____

Borrower Name(s): _____

Borrower Address: _____

City: _____ State: _____ Zip Code _____

Borrower Social Security Number: _____

Borrower Case Number (ST-CTY-ID) _____

Original Loan Amount: \$ _____ Date of Loan: _____

Guaranteed Loan NO: _____ Obligated Loan NO: _____

Date Loan Paid in Full/Refinanced: _____

Total Shared Equity Due to RHCDS: _____

Amount of this Payment: _____

Remaining Shared Equity Due from Borrower: _____

Due Date of Next Payment: _____

**REMINDER: THE PAYMENT SHOULD BE SUBMITTED WITH FORM RD 451-2,
SCHEDULE OF REMITTANCES, MISCELLANEOUS COLLECTION CODE 35.**