

CLAIM FOR LOSS

Bureau of Indian Affairs  
Loan Guaranty, Insurance, and Interest Subsidy Program

- BIA Loan Guaranty Certificate Number \_\_\_\_\_
- BIA Loan Insurance under Loan Insurance Agreement Number \_\_\_\_\_

Lender: _____
Address: _____
_____
_____
_____
Borrower: _____
Address: _____
_____
_____
_____

Guaranty or Insurance Percentage: \_\_\_\_\_  
Original Loan Principal Amount: \$ \_\_\_\_\_  
(Exclusive of amounts potentially added pursuant to 25 CFR §§ 103.8, 103.34, or 103.36.)  
Lender's Internal Loan Number: \_\_\_\_\_  
Interest Subsidy awarded on loan?                      Yes                       No

Indicate the earliest date of default, as defined by 25 CFR § 103.44: \_\_\_\_\_, 20\_\_\_\_\_  
List all bases for default: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I. The Unpaid Debt

Please list the following:

1. The amount of past due principal: \_\_\_\_\_
  2. The amount of past due interest: \_\_\_\_\_
  3. The amount of any late fees: \_\_\_\_\_
  4. The amount of any precautionary advances: \_\_\_\_\_
  5. Any other amounts the Lender claims: \_\_\_\_\_  
(Identify authority in space provided below.)
- TOTAL: \_\_\_\_\_
6. The date through which interest has been calculated: \_\_\_\_\_, 20\_\_\_\_

### II. Liquidation Efforts

If the Lender liquidated loan collateral prior to submitting this Claim for Loss (this is mandatory before submitting a Claim for Loss under a BIA Insurance Agreement), please list the following:

1. Total proceeds from collateral liquidation: \$ \_\_\_\_\_  
(Please attach a detailed breakdown showing what assets were sold, how and where they were sold, the proceeds attributable to each asset, and the date(s) of sale.)
2. Administrative expenses of liquidating collateral: \$ \_\_\_\_\_  
(Please attach receipts and a detailed breakdown showing the nature and date of each expense.)
3. Liquidation proceeds applied to debt: \$ \_\_\_\_\_  
(Please attach a description of how liquidation proceeds were allocated to principal, interest and other fees, and the dates posted.)
4. Does the unpaid debt listed in Section I reflect the amount of the lender's loss after applying liquidation proceeds to the debt?    Yes     No   
(If not, please provide an explanation.)

### III. Claim Amount

For guaranteed loans, the claim amount should equal the BIA guaranty percentage rate multiplied by the total unpaid debt listed in Part I, after deducting any recovery from liquidation proceeds reflected in Part II.

For insured loans, the claim amount should equal the BIA insurance percentage rate multiplied by the total unpaid debt listed in Part I, after deducting any recovery from liquidation proceeds reflected in Part II, unless, as of the date of this Claim for Loss, the amount claimed would exceed 15% of the aggregate outstanding principal amount of all loans the lender has covered by insurance under BIA's Loan Guaranty, Insurance, and Interest Subsidy Program.

The Lender's claim: \$ \_\_\_\_\_

If this is an insurance claim, please list the aggregate outstanding principal amount of all loans the lender has covered by insurance (including this loan) as of the date of this Claim for Loss: \$ \_\_\_\_\_

Lender: \_\_\_\_\_  
ABA No.: \_\_\_\_\_

By: \_\_\_\_\_  
Its: \_\_\_\_\_

**Paperwork Reduction Act Statement:** This form is covered by the Paperwork Reduction Act. It is used to establish the respective rights and responsibilities of the respondent and the Federal government. The information is provided by respondents to obtain or retain a benefit. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and an expiration date. The number and expiration date are at the top right corner of the form. An agency may not sponsor or conduct, and a person is not required to respond to, a request for information collection unless it displays a currently valid OMB Control Number.

**Burden Estimate:** The public reporting burden is estimated to average 2 hours per respondent. This includes the time needed to understand the requirements, gather the information, complete the form, and submit it to BIA. Comments regarding the burden or other aspects of the form may be directed to the Information Collection Control Officer, Bureau of Indian Affairs, 1849 C Street NW, MS - 4603 MIB, Washington, DC 20240. Note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information, you must state that prominently at the beginning of your comment. We will honor your request to the extent allowable by law.

**Privacy Act Statement (5 U.S.C. 552(a)):** The authority for collecting this information is 25 U.S.C. 1511. The information will be used to administer the interest subsidy provisions relating to the Loan Guaranty and Insurance Program, 25 U.S.C. 1481 et seq. Disclosures of this information may be made to consumer reporting agencies; Federal, State, or local governments; law enforcement personnel responsible for investigating or prosecuting violations of, or for enforcing or implementing, statutes, rules, regulations, orders, or licenses; the U.S. Department of Justice; courts of law or adjudicative bodies; Members of Congress; the U.S. Department of the Treasury; and other Federal agencies responsible for collecting debts or detecting and eliminating fraud.