

### 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.