This form is used by the Lender to request a reservation of RHS Guaranteed Rural Housing Funds for a potential borrower.

USDA-RHS
Form RD 1980-86
(10-99)

FORM APPROVED
OMB NO. 0575-0078

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT
RURAL HOUSING SERVICE (RHS)
GUARANTEED RURAL HOUSING (GRH)

REQUEST FOR RESERVATION OF FUNDS

LENDER INFORMATION:

Submitting Lender Name: _____ Tax I.D. No. _____

Address: _____

_____

Lender Contact Person: _____

Contact Phone No. (____)_____ Ext. ____ Fax No. (____)_____

RHS Approved Lender *(Complete when Submitting Lender (listed above) is not an RHS Approved Lender):*

Name: _____ Tax I.D. No. _____

APPLICANT/PROPERTY INFORMATION:

Reservation Amount Requested: $_____ ☐ Applicant and Co-Applicant are both First Time Homebuyers

Applicant Information	*Co-Applicant Information*
Name: _____	*Name:* _____
SSN: _____	*SSN:* _____
OPTIONAL: (Please circle or mark as appropriate)	*OPTIONAL: (Please circle or mark as appropriate)*
Veteran: Yes No *Disabled:* Yes No *Gender:* M F	*Veteran:* Yes No *Disabled:* Yes No *Gender:* M F
Ethnicity: *(Check only One Box)* ☐ Hispanic or Latino ☐ Not Hispanic or Latino	*Ethnicity:* *(Check only One Box)* ☐ Hispanic or Latino ☐ Not Hispanic or Latino
(Check as many boxes as applicable) *Race:* ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	*(Check as many boxes as applicable)* *Race:* ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Marital Status: ☐ Married ☐ Separated ☐ Unmarried	*Marital Status:* ☐ Married ☐ Separated ☐ Unmarried

Property Address: _____

City, State, Zip Code: _____ County: _____

We are processing an application from the above named person(s), and expect to have a complete package to you within 60 days. Please reserve funds for this loan. We have reviewed the applicants income and credit history and have tentatively determined the applicant(s) has sufficient qualifying income and credit history to proceed with this application.

_____ Date: _____
(Authorized Lender Representative/Official)

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 0575-0078. The time required to complete this information collection is estimated to average 30 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.

PROCEDURE FOR PREPARATION : RD Instruction 1980-D.

PREPARED BY : Lender and RHS approval official.

NUMBER OF COPIES : Original and one.

SIGNATURES REQUIRED : Authorized lender representative/official.

DISTRIBUTION OF COPIES : Original to borrower RHS case file. Copy for Lender's records.

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