



U.S. DEPARTMENT OF AGRICULTURE
NEW YORK RURAL DEVELOPMENT

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Schoharie, NY 12157
Phone (518) 295-8600
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www.rurdev.usda.gov/ny

Committed to the future of rural communities.

USDA Rural Development Section 504 Loan and Grant Program

Section 504 Program Objective:

Section 504 loans and grants are intended to assist very low income households in rural areas repair their homes.

Loan Purposes:

Loan funds may be used to make general repairs and improvements to properties or to remove health and safety hazards, as long the dwelling remains modest in size and design.

Grant Purposes:

Grant funds may be used *only* to pay the costs for repairs and improvements that will remove identified safety hazards or to repair or remodel dwellings to make them accessible for household members with disabilities.

Eligibility Requirements:

Section 504 Loan

1. Must have the legal capacity to incur the obligation.
2. Applicants must demonstrate adequate repayment ability, as demonstrated by a budget completed by a Rural Development representative.
3. Adjusted household income must not exceed the applicable very low-income limit for the area. Your local Rural Development Office can advise you of the income limits for your area.
4. An applicant must be a United States citizen or a non-citizen who qualifies as a legal alien.
5. Applicants must agree to and have the ability to occupy the dwelling on a permanent basis.
6. Applicant must be unable to secure the necessary credit from other sources on terms and conditions that the applicant could reasonably be expected to fulfill. Applicant must also lack the personal resources to meet their needs.
6. Must have a credit history that indicates a reasonable ability and willingness to meet debt obligations.

Section 504 Grant

1. Must meet eligibility requirements for Section 504 Loan, except #2 above.
2. Applicant must be 62 years of age or older at the time of application.
3. Must be unable to repay a Section 504 Loan (amortized over the maximum number of years).



USDA Rural Development is an Equal Opportunity Lender, Provider and Employer

Complaints of discrimination should be sent to:

USDA, Director, Office of Civil Rights, Washington, DC 20250-9410



Dwelling Requirements

1. Dwelling must be considered modest for the area, must not be designed for income providing purposes, cannot include an in-ground swimming pool or have a value that exceeds the maximum loan limit for the area.
2. Loans may be made only in rural areas designated by RHS. Your local Rural Development Office can advise you of the eligible areas in your county.

Other Information:

1. For grants – full amount of grant must be repaid if the property is sold in less than 3 years from the date the grant was approved.
2. The lifetime total of the grant assistance to any recipient is \$7,500.
3. The sum of all outstanding Section 504 loans to one borrower or on one dwelling may not exceed \$20,000.
4. When the total Section 504 indebtedness (loans only) is \$7,500 or more, the property will be secured by a mortgage on the property.
5. Term of the loan is determined by repayment ability, which is evidenced by a budget completed with the assistance of a Rural Development representative. Fixed 1% interest rate.

Items that will expedite 504 Loan/Grant Application Processing

- ☐ Complete & sign Form 410-4 (Application for Rural Housing)
- ☐ Sign & date Form RD 3550-1 (Authorization to Release Information)
One form needs to be signed & dated for every member of the household over 18 years of age
- ☐ Complete & sign Form RD 1944-3 (Budget and/or Financial Statement)
- ☐ Complete & sign Form RD 3550-4 (Employment & Asset Certification)
- ☐ Copy of your most recent Social Security and/or disability award letter, if applicable
- ☐ Copies of your Social Security card and (1) photo ID, such as a Drivers' License or passport for both applicant and co-applicant
- ☐ Copy of your most recent Federal Tax Return (signed) including all attachments or a signed letter stating that you are not required to file
- ☐ Copy of your deed or real estate mortgage for proof of homeownership
- ☐ Copies of most recent bills and paid receipts for: school taxes, real estate taxes, village taxes, & water/ sewer payments
- ☐ Evidence of Homeowners' Insurance showing yearly payment, amount of coverage, and expiration date
- ☐ Copies of your two (2) most recent months' bank statements
- ☐ Most recent award letter(s) of any benefits received from the Department of Social Services, such as HEAP, Food Stamps, Medicaid/ Medicare
- ☐ For elderly households, if you have significant medical expenses, provide any information verifying any monthly medical expenses not covered by insurance, such as premium payments, co-payments, etc.
- ☐ Copies of your most recent pay stubs (one month), if applicable
- ☐ Copy of your pension and/or disability award letter, if applicable
- ☐ Copy of your Whole Life Insurance Policy (if applicable) including payments, present value, and face value
- ☐ Detailed directions to your home from the nearest State Highway
- ☐ Copies of any estimates you already have.

Please do not send any original documents with your application.



United States Department of Agriculture
Rural Development
Schoharie, NY

504 Grant/Loan Application

Dear Prospective Applicant:

All 4 of the following items must be submitted for the purpose of obtaining a **504 Grant and/or Loan**:

1. **Form RD 410-4**, Application for Rural Assistance (Nonfarm tract), Uniform Residential Loan Application (must be completed when applying for a Grant or Loan).
2. **Form RD 1944-3**, Budget and/or Financial Statement (complete the front page fully including the budget section).
3. **Form RD 3550-1**, Authorization to Release Information, must be completed by each adult member of your household (aged 18 years of age or older).
4. **Form RD 3550-4**, Employment and Asset Certification (complete front and back, sign and date)

If you wish to expedite the processing of your application to a determination of full eligibility, please submit the following information with your application:

1. Copy of your **signed and dated 2013 Federal Income Tax return with copies all attachments** (if applicable) **OR a letter stating why you are not required to file income tax.**
2. Copies of 2014 Social Security Benefit Award Letters (states the monthly benefit amount) for all persons living in the household (including children).

108 Holiday Way, Suite One, Schoharie, NY 12157
Telephone: (518)295-8600 Ext. #4 • Fax: (855) 889-1634 • TDD: (315) 477-6447
Web:<http://www.rurdev.usda.gov/ny> • Email: stanley.fishburn@ny.usda.gov

USDA is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

3. Copies of current documentation of any other source of household income such as pensions, wages, unemployment compensation, workmen's compensation, child support, etc.
4. Copy of the 2 most recent bank statements for all bank or asset type accounts (i.e. savings account, money market, certification of deposit, stocks, bonds, mutual funds etc.) for applicants and co-applicants, if applicable.
5. Direction map to your property and written directions from a major route or intersection.
6. Copies of your current year's real estate tax receipts including the 2014 County, 2014/15 School, & 2014/15 Village or City, if applicable.
7. Copy of the declaration page from your Homeowner's Insurance Policy (this page states the amount of coverage on your home and the period of time covered by the policy).
8. Copy of the deed to your property.
9. Applicants must provide picture identification with evidence of age, and evidence of a taxpayer identification number (Driver's License, Passport etc.)
10. Copy of Social Security card (signed) for each applicant.
11. For applicants who are disabled or age 62 years or older please submit written verification for **out-of-pocket medical expenses** (expenses not reimbursed or covered by Medicare or health insurance) for the past 12 months (example – print out from the pharmacy for prescription co-payments, co-payments to doctors, dental bills, eyeglasses, eye doctor examinations, health insurance premiums etc.).

Please notify our office immediately if either of the following circumstances occur during the processing of your application (from submission of the application until the loan or grant closing has taken place):

- Any changes in the number of persons living in your household.
- Changes in income from any source (examples – employment, social security, workmen's compensation, child support etc.) for all persons residing in your household.

Indicators of Unacceptable Credit

- Little or no credit history. The lack of credit history on the credit report may be mitigated if the applicant can document a willingness to pay recurring debts through other acceptable means such as third party verifications or canceled checks. Due to impartiality issues, third party verifications from relatives of household members are not permissible.
- Payments on any installment account where the amount of the delinquency exceeded one installment for more than 30 days within the last 12 months.
- Payments on any revolving account which was delinquent for more than 30 days on two or more occasions within the last 12 months.
- A foreclosure that has been completed within the last 36 months.
- An outstanding Internal Revenue Service (IRS) tax lien or any other outstanding tax liens with no satisfactory arrangement for payment.
- Two or more rent payments paid 30 or more days late within the last 2 years. If the applicant has experienced no other credit problems in the past 2 years, only 1 year of rent history will be evaluated. This requirement may be waived if the program loan will reduce shelter costs significantly and contribute to an improved repayment ability.
- Outstanding collection accounts with a record of irregular payments with no satisfactory arrangements for repayment, or collection accounts that were paid in full within the last 6 months, unless the applicant had been making regular payments previously.
- Non-Agency debts written off within the last 36 months, unless the debt was paid in full at least 12 months ago.
- Agency debts that were debt settled within the past 36 months, or are being considered for debt settlement.
- Delinquency on a federal debt.
- A court-created or court-affirmed obligation or judgment caused by nonpayment that is currently outstanding or has been outstanding within the last 12 months, *except*:
 - A bankruptcy in which:
 - Debts were discharged more than 36 months prior to the date of application; or
 - Where an applicant successfully completed a bankruptcy debt restructuring plan and has demonstrated a willingness to meet obligations when due for the 12 months prior to the date of application.
 - A judgment satisfied more than 12 months before the date of application.

An applicant with an outstanding judgment obtained by the United States in a Federal court, other than the United States Tax Court, is *not* eligible for a Section 502 loan. This requirement is statutory and cannot be waived.

SFH Income Limits as of 2/7/2014

504 Program HOUSING PROGRAM INCOME LIMITS

STATE:NEW YORK

----- A J U S T E D I N C O M E L I M I T S -----

P R O G R A M	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON*
Albany Schoharie & Schenectady Counties, NY VERY LOW INCOME	27450	31350	35250	39150	42300	45450	48550	51700
Delaware & Fulton County VERY LOW INCOME	20200	23100	26000	28850	31200	33500	35800	38100
Green County, NY VERY LOW INCOME	20650	23600	26550	29500	31900	34250	36600	38950
Montgomery County, NY VERY LOW INCOME	22200	25400	28550	31750	34250	36800	39350	41900
Otsego County, NY VERY LOW INCOME	21150	24200	27200	30200	32650	35050	37450	39900

* ADD 8% OF 1-4 PERSON LIMIT FOR EACH PERSON IN EXCESS OF 8 PERSONS
 ** MODERATE INCOME IS DEFINED AS THE GREATER OF 115% OF THE U.S. MEDIAN FAMILY INCOME OR THE
 AVG OF THE STATE-WIDE AND STATE NON-METRO MEDIAN FAMILY INCOMES OR 115/80THS OF THE
 AREA LOW-INCOME LIMIT

4

CALCULATING THE ADJUSTED ANNUAL INCOME

Gross Household income from all sources - \$

- Minus \$480.00 per year for each minor child -
- Minus \$480.00 per year for each adult full-time student (do not include applicants if they are attending school/college)
- Minus the annual cost of child care for children 12 years and under (only childcare which enables parents to work) -
- Minus \$400.00 per year for the household where a person age 62 years or older or a disabled person is an applicant.

ADJUSTED ANNUAL INCOME: \$

APPLICATION FOR RURAL ASSISTANCE (NONFARM TRACT)
Uniform Residential Loan Application

This application is designed to be completed by the applicant with the lender's assistance. Applicants should complete this form as "Applicant #1" or "Applicant #2", as applicable. All Applicants must provide information (and the appropriate box checked) when ☐ the income or assets of a person other than the "Applicant" (including the Applicant's spouse) will be used as a basis for loan qualification or ☐ the income or assets of the Applicant's spouse will not be used as a basis for loan qualification, but his or her liabilities must be considered because the Applicant resides in a community property state, the security property is located in a community property state, or the Applicant is relying on other property located in a community property state as a basis for repayment of the loan.

I. TYPE OF MORTGAGE AND TERMS OF LOAN

Mortgage Applied for:	<input type="checkbox"/> V.A. <input type="checkbox"/> Conventional <input type="checkbox"/> Other:	Agency Case Number	Lender Account Number
	<input type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service		
Amount \$	Interest Rate %	No. of Months	Amortization Type: <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (Explain): <input type="checkbox"/> GPM <input type="checkbox"/> ARM (Type):

II. PROPERTY INFORMATION AND PURPOSE OF LOAN

Subject Property Address (Street, City, State, ZIP)			No. of Units	
Legal Description of Subject Property (Attach description if necessary)			Year Built	
Purpose of Loan	<input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (Explain):	Property will be:		
	<input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment		
Complete this line if construction or construction-permanent loan.				
Year Lot Acquired	Original Cost \$	Amount Existing Liens \$	(a) Present Value of Lot \$	(b) Cost of Improvements \$
				Total (a + b) \$ 0.00
Complete this line if this is a refinance loan.				
Year Acquired	Original Cost \$	Amount Existing Liens \$	Purpose of Refinance	Describe Improvements <input type="checkbox"/> Made <input type="checkbox"/> To be made
				Cost: \$
Title will be held in what Name(s)			Manner in which Title will be held	Estate will be held in:
				<input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (Show expiration date)
Source of Down Payment, Settlement Charges and/or Subordinate Financing (Explain)				

III. APPLICANT INFORMATION

Applicant #1					Applicant #2				
Name (include Jr. or Sr. if applicable)					Name (include Jr. or Sr. if applicable)				
Social Security Number	Home Phone (Incl. Area Code)	DOB mm/dd/yy	Yrs. School		Social Security Number	Home Phone (Incl. Area Code)	DOB mm/dd/yy	Yrs. School	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Include single divorced, widowed)	Dependents (Not listed by Applicant #2) No. Ages				<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Include single divorced, widowed)	Dependents (Not listed by Applicant #1) No. Ages			
Present Address (Street, City State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.					Present Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.				
Mailing Address if different from Present Address					Mailing Address if different from Present Address				
If residing at present address for less than two years, complete the following:									
Former Address (Street, City State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.					Former Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.				

IV. EMPLOYMENT INFORMATION

Applicant #1				Applicant #2			
Name & Address of Employer		<input type="checkbox"/> Self-Employed Yrs./Mos. on the job Yrs./Mos. employed in this line of work/profession	Name & Address of Employer		<input type="checkbox"/> Self-Employed Yrs./Mos. on the job Yrs./Mos. employed in this line of work/profession		
Position/Title/Type of Business		Business Phone (Incl. Area Code)	Position/Title/Type of Business		Business Phone (Incl. Area Code)		
<i>If employed in current position for less than two years or if currently employed in more than one position, complete the following:</i>							
Name & Address of Employer		<input type="checkbox"/> Self-Employed Dates (From > To) Monthly Income \$	Name & Address of Employer		<input type="checkbox"/> Self-Employed Dates (From > To) Monthly Income \$		
Position/Title/Type of Business		Business Phone (Incl. Area Code)	Position/Title/Type of Business		Business Phone (Incl. Area Code)		
Name & Address of Employer		<input type="checkbox"/> Self-Employed Dates (From > To) Monthly Income \$	Name & Address of Employer		<input type="checkbox"/> Self-Employed Dates (From > To) Monthly Income \$		
Position/Title/Type of Business		Business Phone (Incl. Area Code)	Position/Title/Type of Business		Business Phone (Incl. Area Code)		

V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Gross Monthly Income	Applicant #1	Applicant #2	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$ 0.00	Rent	\$	
Overtime			0.00	First Mortgage (P&I)		\$
Bonuses			0.00	Other Financing (P&I)		
Commissions			0.00	Hazard Insurance		
Dividends/Interest			0.00	Real Estate Taxes		
Net Rental Income			0.00	Mortgage Insurance		
Other (Before completing see the notice in "describe other income," below)			0.00	Homeowner Assn. Dues		
			0.00	Other		
Total	\$ 0.00	\$ 0.00	\$ 0.00	Total	\$ 0.00	\$ 0.00

*Self Employed Applicant may be required to provide additional documentation such as tax returns and financial statements.

A1/A2	Describe Other Income <small>Notice: Alimony, child support, or separate maintenance income need not be revealed if the Applicant #1, (A 1) or Applicant #2 (A2) does not choose to have it considered for repaying this loan.</small>	Monthly Amount

VI. ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Applicants if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Applicant #2 section was completed about a spouse, this Statement and supporting schedules must be completed about that spouse also.

Completed ☐ Jointly ☐ Not Jointly

[illegible]

VI. ASSETS AND LIABILITIES (cont.)

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)								
Property Address (Enter S if sold, PS if pending sale or R if rental being held for income)	↓	Type of Property	Present Market Value	Amount of Mortgage & Liens	Gross Rental Income	Mortgage Payments	Insurance Maintenance Taxes & Misc.	Net Rental Income
			\$	\$	\$	\$	\$	\$
Totals			\$	\$	\$	\$	\$	\$

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternative Name	Creditor Name	Account Number
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VII. DETAILS OF TRANSACTION		VIII. DECLARATIONS				
a. Purchase price	\$	If you answer "Yes" to any questions a through l, please use continuation sheet for explanation.	Applicant #1		Applicant #2	
b. Alterations, improvements, repairs			Yes	No	Yes	No
c. Land (If acquired separately)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Refinance (incl. debts to be paid off)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Estimated prepaid items			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Estimated closing costs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. PMI, MIP, Funding Fee			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Discount (If Borrower will pay)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Total Costs (Add items a through h)	\$0.00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Subordinate financing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Borrower's closing costs paid by Seller		e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name, and address of Lender, FHA or V.A. case number, if any, and reasons for the action.) f. Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligation, bond, or loan guarantee? If "Yes," give details as described in question e. above. g. Are you obligated to pay alimony, child support, or separate maintenance? h. Is any part of the down payment borrowed? i. Are you a co-maker or endorser on a note? j. Are you a U.S. citizen? k. Are you a permanent resident alien? l. Do you intend to occupy the property as your primary residence? If "Yes," complete question m. below. m. Have you had ownership interest in a property in the last 3 years? (1) What type of property did you own—principal residence (PR), second home (SH), or investment property (IP)? (2) How did you hold title to the home—solely by yourself (S), jointly with your spouse (SP), or jointly with another person (JP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other Credits (Explain)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Loan amount (Exclude PMI, MIP Funding Fee financed)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. PMI, MIP, Funding Fee financed			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Loan amount (Add m & n)	\$0.00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Cash from/to Borrower (Subtract j, k, l, & o from i)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. ACKNOWLEDGMENT AND AGREEMENT

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, services, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "loan") will be secured by a mortgage or deed of trust on the property described herein; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated herein; (6) any owner or servicer of the Loan may verify or reverify any information contained in the application from any source named in this application, and Lender, its successors or assigns may retain the original and/or an electronic record of this application, even if the Loan is not approved; (7) the Lender and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the owner or servicer of the Loan may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

Applicant's Signature	Date	Applicant's Signature	Date
X		X	

X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

To be Completed by Interviewer This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/> by mail <input type="checkbox"/> by telephone <input type="checkbox"/> Internet	Interviewer's Name (Print or type) <hr/> Interviewer's Signature Date <hr/> Interviewer's Phone Number (Incl. Area Code)	Name and Address of Interviewer's Employer <hr/> <hr/> <hr/>
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Continuation For/Residential Loan Application

Use if you need more space to complete the Residential Loan Application Mark A1 for Applicant #1 or A2 for Applicant #2	Applicant #1 (A1) <hr/> Applicant #2 (A2)	Agency Account Number: <hr/> Lender Account Number:
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Additional Information Required for RHS Assistance

1. Loan Type: Section 502 ☐ Section 504 Loan ☐ Grant ☐

APPLICANT #1

2. Have you ever obtained a loan/grant from RHS?

Yes ☐

No ☐

4. Are you a relative to an RHS Employee or Closing agent/attorney?

Yes ☐ No ☐

If yes, who? _____

Relationship _____

6. Are you a Veteran? Yes ☐ No ☐

APPLICANT #2

3. Have you ever obtained a loan/grant from RHS?

Yes ☐

No ☐

5. Are you a relative to an RHS Employee or Closing agent/attorney?

Yes ☐ No ☐

If yes, who? _____

Relationship _____

7. Are you a Veteran? Yes ☐ No ☐

8. Complete for all household members.

To be considered eligible for RHS assistance, all household income including any income not shown in Section V of this application, must be disclosed below:

Name	Age	Are you a full time student? y/n	Do you want to be considered for an adjustment from household income because of a disabling condition? y/n	Annual Wage Income	Source of Wage Income (employer)	Annual Non-Wage Income	Source of Non-Wage Income (social security, alimony, child support, separate maintenance, etc.)

9. Child Care (Minors who are 12 years of age or under for whom you have to hire a babysitter or leave at a child care center)

Cost per week \$ _____ Cost per month \$ _____

10. Name, Address and Telephone No. of Child care Provider(s).

11. Characteristics of Present Housing

Does the Dwelling:

Lack complete plumbing

Yes ☐

No ☐

Lack adequate heating

Yes ☐

No ☐

Physically deteriorated or structurally unsound

Overcrowded (More than 2 persons per room)

Yes ☐

No ☐

Yes ☐

No ☐

12. Name, Address and Telephone Number of Present Landlord.

If residing at present address for less than two years, complete the following:

Name, Address and Telephone Number of Previous Landlord(s).

13. (For Section 504 Grants Only) I certify that as the condition of the grant, I/we will not engage in unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

14. I am aware RHS does not warrant the condition or value of the property.

15. Notices to Applicant

Privacy Act. See attached sheet.

Social Security Number. The Debt Collection Act of 1982, Pub. L. 97-365, and 31 U.S.C. 7701(c) require persons applying for a federally insured or guaranteed loan to furnish his or her social security number (SSN). Failure to provide your SSN will result in the rejection of your application.

Right to Request Copy of Appraisal. You have the right to a copy of the appraisal report used in connection with your application for credit. If you wish a copy, please write us at the address of the Rural Development Field Office where you made application. In your written request, you must provide us with the complete name and address used when making application as well as a current mailing address. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application. The creditor, Rural Housing Service, may require you to reimburse the Agency for the cost of the appraisal.

Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq. You authorize RHS to have access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your loan and loan application will be available to RHS without further notice or authorization but will not be disclosed or released by RHS to another Government agency or department without your consent except as required or permitted by law.

Federal collection policies for consumer debts: Delinquencies, defaults, foreclosures and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The Federal Government, as mortgage lender in this transaction, its agencies, agents and assigns, are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgage loan covered by this application: (1) Report your name and account information to a credit bureau; (2) Assess additional interest and penalty charges for the period of time that payment is not made; (3) Assess charges to cover additional administrative costs incurred by the Government to service your account; (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, the United States Department of Justice, a collection agency, or mortgage servicing agency to collect the amount due, and foreclose the mortgage, sell the property, and seek judgment against you for any deficiency; (6) If you are a current or retired Federal employee, take action to offset your salary, or civil service retirement benefits; (7) Refer your debt to the Internal Revenue Service for offset against any amount owed to you as an income tax refund; and (8) Report any resulting written-off debt of yours to the Internal Revenue Service as your taxable income. All of these actions can and will be used to recover any debts owed when it is determined to be in the interest of the lender and/or Federal Government to do so.

Unlawful Discrimination. "The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

The Fair Housing Act prohibits discrimination in real estate-related transactions, or in the terms or conditions of such a transaction, because of race, color, religion, sex, disability, familial status, or national origin. If you believe you have been discriminated against for any of these reasons you can write the U. S. Department of Housing and Urban Development, Washington, D.C. 20410 or call (800) 669-9777.

Certification. As the applicant, I certify to the best of my knowledge and belief, (1) I am not presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) I have not within a three year period preceding this proposal been convicted or had a civil judgment rendered against me for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) transaction or contract under a public transaction; or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statement, or receiving stolen property; (3) I am not a judgment debtor on an outstanding judgment in favor of the United States which was obtained in any Federal court other than the United States Tax Court; and (4) I am not delinquent of any outstanding debt to the Federal Government (including any Federal agency or department).

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, sex, disability, familial status, national origin, marital status, age (provided the borrower has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. If you believe you were denied a loan for this reason, you should contact the Federal Trade Commission, Washington, DC. 20580.

16. I AM unable to provide the housing I need on my own account, and I am unable to secure the credit necessary for this purpose from other sources upon terms and conditions which I can reasonably fulfill. I certify that the statements made by me in this application are true, complete to the best of my knowledge and belief and are made in good faith to obtain a loan.

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

NOTE TO APPLICANT: IF ANY INFORMATION ON THIS APPLICATION IS FOUND TO BE FALSE OR INCOMPLETE, SUCH FINDING, IN ADDITION TO POSSIBLE LIABILITY UNDER CIVIL AND CRIMINAL STATUS, MAY BE GROUNDS FOR DENIAL FOR THE REQUESTED CREDIT AND MAY BE A BASIS FOR DEBARMENT FROM PARTICIPATION IN ALL FEDERAL PROGRAMS UNDER 7 C.F.R. PART 3017.

Date	Signature of Applicant
	<u>X</u>
Date	Signature of Applicant
	<u>X</u>

17. Date	Signature of Loan Approval Official	Determination of Eligibility	Racial Data Provided by
		<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	<input type="checkbox"/> Applicant <input type="checkbox"/> RHS

18. Application received on _____
Application completed on _____

19. Credit Report Fee

Date Received: _____ Amount Received: \$ _____
Initial: _____

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS, RUS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home address, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 C.F.R. 301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts, in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION- CONTINUED

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.

15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.

16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.

17. Rural Development, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.

18. Referral of names, home addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.

19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 168a(f) or the Federal Claims Collection Act (31 U.S.C. 3701(a)(3)).

Form RD 1944-3
(Rev. 6-97)**BUDGET AND/OR FINANCIAL STATEMENT**

1. NAME OF APPLICANT/BORROWER:	2. HOME PHONE NUMBER:	3. AGES OF PERSONS IN HOUSEHOLD: Applicant/Borrower: _____ Children: _____ Co-Applicant/Co-Borrower: _____ Others _____
4. NAME OF CO-APPLICANT/CO-BORROWER:	5. WORK PHONE NUMBER:	
6. ADDRESS:		7. PERIOD COVERED BY PLAN: _____ 20 _____ thru _____ 20 _____

BUDGET**PART 1 - PLANNED EXPENSES AND PAYMENTS**

A - CASH EXPENSES	MONTHLY	NEXT 12 MONTHS	B - DEBT PAYMENTS	MONTHLY	NEXT 12 MONTHS
FOOD:	\$	\$	HOUSE PAYMENT:	0	
CLOTHING:			CAR/TRUCK:		
MEDICAL: (Doctor, dentist, eyeglasses, medication, etc.)			CAR/TRUCK:		
PERSONAL: (Beauty shop, barber, liquor, cigarettes, newspapers, magazines, etc.)			OTHER VEHICLES AND EQUIPMENT:		
HOUSEHOLD:			OTHER: (Credit cards, medical, installment loans, personal debts, other real estate etc.) (LIST)		
FUEL:				0	0
ELECTRICITY:				0	0
TELEPHONE:				0	0
CABLE TV:			FEDERAL DEBTS:		
WATER AND/OR SEWER:				0	0
OTHER:					
HOME REPAIR AND MAINTENANCE: (Appliances, paint, yard, etc.)			PLANNED CREDIT PURCHASES: (Furniture appliances, etc.)		
EDUCATION: (Tuition, books, supplies, fees, school lunches, etc.)			TOTAL DEBT PAYMENTS:	\$	\$
GIFTS: (Holidays, birthdays, charity, church, etc.)		0	PART 2 - HOUSEHOLD INCOME		
RECREATION: (Dining, movies, sports, entertainment, vacation, hobbies, etc.)			APPLICANT/BORROWER: (Wages, tips, overtime, etc.)		
MISC. POCKET EXPENSES: (Sodas, lunches, allowances, etc.)			CO-APPLICANT/CO-BORROWER: (Wages, tips, overtime, etc.)		
CAR: (Gas, tires, repairs, license, etc.)			NET BUSINESS INCOME:		
TRANSPORTATION: (Bus, taxi, trains, etc.)			OTHER: (Social Security, retirement, alimony, child support, VA, Public assistance, other income, etc.)		
INSURANCE:			TOTAL HOUSEHOLD INCOME:	\$	\$
REAL ESTATE:			PART 3 - SUMMARY		
AUTO(S):			A. TOTAL INCOME (PART 2)	\$	\$
HEALTH & LIFE:	0	0	B. CASH (Checking, savings, etc.)		
TAXES:			C. TOTAL EXPENSES AND DEBT PAYMENTS (PART 1A + 1B)		
REAL ESTATE:			D. BALANCE (A + B - C)	\$	\$
INCOME:			SIGNATURE OF APPLICANT/BORROWER		DATE
SOCIAL SECURITY:			SIGNATURE OF CO-APPLICANT/CO-BORROWER		DATE
PERSONAL PROPERTY:			SIGNATURE OF AGENCY OFFICIAL (I have reviewed this budget and it appears to be a reasonable projection of income and expenses)		DATE
UNION OR PROFESSIONAL DUES:					
CHILD CARE: (Daycare, babysitting, etc.)					
CHILD SUPPORT/ALIMONY: (Paid out)					
PLANNED CASH PURCHASES: (Furniture, appliances, etc.)					
LOAN CLOSING COSTS: (Not included in loan)					
MOVING EXPENSES:					
OTHER:					
TOTAL CASH EXPENSES	\$	\$			

According to the Paperwork Reduction Act of 1995, no persons are 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 0575-0172. 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.

FINANCIAL STATEMENT

ITEM	VALUE (ASSETS) (A)	UNPAID DEBT (LIABILITIES) (B)	MONTHLY PAYMENT (C)	AMOUNT DELIN- QUENT (D)	PAYMENT DUE WITHIN NEXT 12 MONTHS (E)	FINAL DUE (F)	NAME AND ADDRESS OF CREDITOR AND ACCOUNT NUMBER (G)
Dwelling	\$	\$	\$	\$	\$	\$	
Other real estate	0						
Mobile Home							
Car (Yr. & make)							
Car (Yr. & make)							
Truck (Yr. & make)							
Other Vehicles and Equipment (Boats, Motorcycles, etc.)							
Household Goods							
Appliances							
TV Set(s)							
Furniture							
Other							
Taxes Due:							
Real Estate							
Pers. Prop.							
Income Tax							
Soc. Sec. Tax							
Other Debts:							
Personal Loan							
Hospital							
Doctor							
Dentist							
Child Support and Alimony							
Federal Debts							
Credit Cards							
Other							
Rent							
Cash-on-hand (Including Savings & Checking Accounts, CD, etc.)							
Accounts Receivable							
Bonds & Other Securities							
Cash Value of Life Insurance							
TOTAL	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	NET WORTH Col. A minus Col. B	\$ 0

I certify that the above statement is true and correct to the best of my knowledge and belief.

WARNING: Section 1001 of title 18, United States Code provides: "whoever, in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years or both."

SIGNATURE OF APPLICANT/BORROWER	DATE	SIGNATURE OF CO-APPLICANT/CO-BORROWER	DATE
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United States Department of Agriculture
Rural Development
Rural Housing Service

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____

Account or Other Identifying Number

Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, *et seq.*, RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Signature (Applicant or Adult Household Member)

Date

According to the Paperwork Reduction Act of 1995, no persons are 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 0575-0172. The time required to complete this information collection is estimated to average 5 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.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT NOTICE

United States Department of Agriculture
Rural Development
Rural Housing Service

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____

Account or Other Identifying Number

Name of Customer

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- Past and present landlord references
- Other consumer credit references.

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Date

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SEE ATTACHED PRIVACY ACT NOTICE

United States Department of Agriculture
Rural Housing Service

EMPLOYMENT AND ASSET CERTIFICATION

EMPLOYMENT CERTIFICATION

Check the appropriate blocks and account for all adult household members by listing their or your name under the applicable statement:

- ☐ I hereby certify that the following adult household members are not presently employed and do not intend to resume employment in the foreseeable future:

- ☐ I hereby certify that the following adult household members are not presently employed but are actively seeking employment. I agree to notify RHS immediately when they become reemployed:

- ☐ I hereby certify that the following adult household members are currently employed. I agree to notify RHS should their employment status change:

ASSET CERTIFICATION

Check the appropriate blocks and account for all household member's (adults and children) assets, which include but are not limited to savings accounts, stocks, bonds, Treasury bills, savings certifications, money market funds, investment accounts, equity in real property, revocable trust funds that are available to the household, lump-sum receipts, personal property held as an investment, cash value of life insurance policies, and amounts in voluntary retirement plans that can be withdrawn:

I hereby certify that our household's combined net assets ☐ do or ☐ do not exceed \$5,000 and that all assets were listed on Form RD 410-4, "Uniform Residential Loan Application."

According to the Paperwork Reduction Act of 1995, no persons are 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 0575-0172. The time required to complete this information collection is estimated to average 5 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.

I hereby certify that within the past two years, I ☐ have or ☐ have not disposed of assets for less than the fair market value through a sale or a gift. If "have" is marked, provide the following pertinent information.

Asset	Disposition Date	Value of Asset	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____ 0	_____	_____	_____

APPLICANT

Date:

APPLICANT

Date:

APPLICANT

Date:

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United States Department of Agriculture

**RURAL DEVELOPMENT NEW YORK STATE
SPECIAL EMPHASIS ADVOCATES**

This information is provided should you need assistance in specific areas such as translation of documents, interpreter services, or reasonable accommodations based on disability. Specific questions regarding the processing of your application should be directed to the loan making official you are dealing with.

STATE CIVIL RIGHTS MANAGER:

Ora Giles
The Galleries of Syracuse
441 South Salina Street, Suite 357, 5th Floor
Syracuse, NY 13202-2425
Telephone: 315-477-6405
Fax: 855-477-8540
Duty Station: Syracuse State Office
E-mail: ora.giles@ny.usda.gov

AFRICAN AMERICAN EMPLOYMENT PROGRAM MANAGER:

VACANT

AMERICAN INDIAN and ALASKA NATIVE EMPLOYMENT PROGRAM MANAGER:

Sandra Snyder
29 Liberty St., Suite 2
Batavia, New York 14020
Telephone: 585-343-9167 Ext. 111
Fax: 855-889-1627
Duty Station: Batavia Area Office
E-mail: sandra.snyder@ny.usda.gov

ASIAN AMERICAN and PACIFIC ISLANDER EMPLOYMENT PROGRAM MANAGER:

Jeffrey Archer
9025 River Road
Marcy, NY 13403-2301
Telephone: 315-736-3316 Ext. 4
Fax: 855-558-7596
Duty Station: Marcy Area Office
E-mail: jeffrey.archer@ny.usda.gov

CONTINUED ON THE REVERSE SIDE

Committed to the future of rural communities.

USDA is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

DISABILITY EMPLOYMENT PROGRAM MANAGER:

Linda Hayes
The Galleries of Syracuse
441 South Salina Street, Suite 357, 5th Floor
Syracuse, NY 13202-2425
Telephone: 315-477-6434
Fax: 855-477-8536
Duty Station: Syracuse State Office
E-mail: linda.hayes@ny.usda.gov

FEDERAL WOMEN'S EMPLOYMENT PROGRAM MANAGER:

Mariann Cavanaugh
2530 State Route 40
Greenwich, NY 12834-9627
Telephone: 518-692-9940 Ext. 124
Fax: 855-889-1631
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Explanation of Responsibilities

State Civil Rights Manager (SCRM)

The State Civil Rights Manager serves on the State Director's staff. Civil Rights encompasses all aspects of equal opportunity and non discrimination in programs and employment, including but not limited to affirmative employment programs, enforcement, and nondiscrimination in federally assisted and federally conducted programs. The SCRM is responsible for planning, coordinating and directing the Agency's policies and training for civil rights and equal employment opportunity (EEO), conducting preliminary investigations of borrower/applicant discrimination complaints, generating reports and monitoring progress in EEO programs, developing and implementing the Affirmative Employment Program Plan and the Federal Equal Opportunity Recruitment Program Plan. The SCRM is responsible for the guidance and direction of Special Emphasis Programs Managers.

Special Emphasis Program Managers (SEPMs)

These positions are collateral duty positions on the State Director's Staff. The SEPMs are an integral part of the overall civil rights, human resource and program delivery functions. The purpose of the SEPMs is to provide oversight, guidance, direction, enforcement and assistance to enhance opportunities for women, minorities, and people with disabilities in all employment and program delivery activities. The SEPMs are responsible for advising management on the unique concerns of and barriers to equal opportunity for a particular under-utilized group, analyzing employment/program data and recommending actions to increase representation to these groups. Coordinating and performing outreach and assisting in providing recruitment sources for minorities, women, and persons with disabilities.

(Revised October 2014)