

FORMS MANUAL INSERT

FORM RD 3560-38

Form RD 3560-38
(02-05)

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICE

FORM APPROVED
OMB No. 0575-0189

APPLICATION FOR COOPERATIVE HOUSING MEMBERSHIP PLEASE PRINT OR WRITE OUT CLEARLY

NOTE: Page 2 may be used if additional space is required to answer any question. If the "Co-Applicant" response in Item 2 matches answer given by "Applicant" in Item 1, please indicate answer by writing "SAME".

1. APPLICANT			2. CO-APPLICANT		
NAME	AGE		NAME	AGE	
OTHER NAMES USED WITHIN LAST 2 YEARS			OTHER NAMES USED WITHIN LAST 2 YEARS		
SOCIAL SECURITY NO.	HOME PHONE	BUSINESS PHONE	SOCIAL SECURITY NO.	HOME PHONE	BUSINESS PHONE
PRESENT ADDRESS (Street & No., City, State & Zip Code)			PRESENT ADDRESS (Street & No., City, State & Zip Code)		
FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS			FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS		
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (including single, divorced & widowed)			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (including single, divorced & widowed)		
ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER OBTAINED A LOAN FROM RD? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER OBTAINED A LOAN FROM RD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF "YES", WHEN? _____ WHERE? _____			IF "YES", WHEN? _____ WHERE? _____		
ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 items) <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 items) <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND ADDRESS OF LANDLORD			NAME AND ADDRESS OF LANDLORD		
HOW LONG HAVE YOU BEEN RENTING?	MONTHLY RENT		HOW LONG HAVE YOU BEEN RENTING?	MONTHLY RENT	
	\$ _____			\$ _____	
NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS			NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS		
COMPLETE NAME, ADDRESS, AND ZIP CODE OF EMPLOYER			COMPLETE NAME, ADDRESS, AND ZIP CODE OF EMPLOYER		
DATE OF EMPLOYMENT	GROSS INCOME (Check One)		DATE OF EMPLOYMENT	GROSS INCOME (Check One)	
FROM _____ TO _____	<input type="checkbox"/> ANNUAL \$ _____		FROM _____ TO _____	<input type="checkbox"/> ANNUAL \$ _____	
PRESENT _____	<input type="checkbox"/> MONTHLY \$ _____		PRESENT _____	<input type="checkbox"/> MONTHLY \$ _____	
TYPE OF WORK _____	<input type="checkbox"/> WEEKLY \$ _____		TYPE OF WORK _____	<input type="checkbox"/> WEEKLY \$ _____	
	<input type="checkbox"/> HOURLY \$ _____			<input type="checkbox"/> HOURLY \$ _____	

3. IF EMPLOYED IN CURRENT POSITION FOR LESS THAN 3 YEARS GIVE PAST 3 YEARS EMPLOYMENT HISTORY
A = Applicant, C = Co-Applicant

A OR C	DATE OF EMPLOYMENT (From-To)	NAME AND ADDRESS OF EMPLOYER	TYPE OF WORK	ANNUAL GROSS INCOME	REASON FOR CHANGE

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 0575-0189. 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.

Used by cooperative to obtain formal applications from persons seeking membership in a rural cooperative housing project. When necessary, Rural Development Staff should provide assistance to cooperative in understanding how the form is to be completed by the prospective member.

(see reverse)

PROCEDURE FOR PREPARATION : 7 CFR part 3560.

PREPARED BY : Prospective cooperative members.

NUMBER OF COPIES : Original only.

SIGNATURES REQUIRED : Applicant and co-applicant.

DISTRIBUTION OF COPIES : Cooperative office files.

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	RECEIVED LAST 12 MONTHS			PLANNED NEXT 12 MONTHS			
	APPLICANT	CO-APPLICANT	OTHER ADULTS	APPLICANT	CO-APPLICANT	OTHER ADULTS	
8. HOUSEHOLD INCOME							
TOTAL EARNINGS							
OTHER NON-BUSINESS INCOME (Social Security pension welfare child support, GI interest and dividends etc.)							
NET BUSINESS INCOME (Gross income business expense, attach latest annual operating statement)							
ALL OTHER INCOME (Specify)							
TOTAL INCOME							
9. HOUSEHOLD EXPENSES	SPENT LAST 12 MONTHS			PLANNED NEXT 12 MONTHS			
LIVING (Food, clothing, utilities, etc.)							
TAXES PAID							
CAPITAL GOODS BOUGHT FOR CASH (Furniture, TV, car, etc.)							
ALL OTHER PAYMENTS (Specify)							
TOTAL EXPENSES							
10 I (We) certify that the statements made by me (us) in this application are true, complete and correct to the best of my (our) knowledge and belief made in good faith to obtain a loan.							
*WARNING: Section 1001 of Title 18, United States Code provides, "whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully--							
(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;							
(2) makes any materially false, fictitious, or fraudulent statement or representation; or							
(3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;							
shall be fined under this title or imprisoned not more than 5 years, or both."							
SIGNATURE OF APPLICANT					DATE		
SIGNATURE OF CO-APPLICANT (If any)					DATE		
11. VOLUNTARY INFORMATION FOR MONITORING PURPOSES							
The following information is requested by the Federal Government in order to monitor the Agency's compliance with Federal laws prohibiting discrimination against loan applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Agency is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.							
APPLICANT				CO-APPLICANT			
RACE				RACE			
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE				<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE			
<input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER				<input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			
ETNICITY				ETNICITY			
<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO				<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO			
SEX		ARE YOU A VETERAN OR ENTITLED TO VETERAN'S BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(This question not used for monitoring purposes)</small>		SEX		ARE YOU A VETERAN OR ENTITLED TO VETERAN'S BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(This question not used for monitoring purposes)</small>	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
TO BE COMPLETED BY USDA							
DATE		SIGNATURE OF SERVICING OFFICIAL		DETERMINATION OF ELIGIBILITY		RACIAL DATA PROVIDED BY	
				<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> APPLICANT <input type="checkbox"/> RD	