Rural Housing Service, Centralized Servicing Center
P.O. Box 66835
St. Louis, MO 63166

Dear Homeowner:

It is time to review your eligibility for payment subsidy on your Rural Housing Service loan. Your current subsidy agreement will expire on _____. It is important that you return the information requested in this letter no later than _____ to continue subsidy or your payments will increase to the full note rate. If the information is received after this date, a new subsidy agreement will not be backdated and you will be responsible for the full payment until a new agreement is processed.

The amount of subsidy you will receive depends upon your income, number of persons in your household, and in some instances, expenses. The information requested in this letter is required for us to calculate assistance for which you may qualify.

PLEASE SEND ALL OF THE FOLLOWING DOCUMENTS IN THE ENCLOSED PRE- ADDRESSED ENVELOPE TO:

USDA, Rural Development
Centralized Servicing Center
P.O. Box 66835
St. Louis, MO 63166

1. **Income Certification.** Please complete the attached **Payment Subsidy Renewal Certification.** This form summarizes information about your household income and expenses. You can use it as a checklist to determine which of the attachments below are needed. This form **must be signed by all borrowers and returned, with all the documents** you are mailing to us.

2. **For all adult household members listed on the Certification,** attach the following:
   - A **signed copy of Form RD 3550-1, "Authorization to Release Information;"**
   - **Copies of the last two consecutive pay stubs** for each employed adult; and
   - **Copies of the latest Federal Income Tax returns.**
   - For **Seasonal Workers,** send **IRS Form 1040 and W-2 Forms.**
   - For **Self-Employed Workers,** send **Schedule C or F with the Form 1040.**

3. **For any member of your household** that receives **income from non-employment** sources, **use Lines 8 and 9 of the Certification to report the income** and **attach a copy of your latest award or benefit letter or other proof of how much the household member received** from that source. **Income may be from some of the following sources:**
   - Benefit Statement/Award Letters on Social Security, Supplemental Social Security, Pensions, VA
   - Documentation of Worker's Compensation, Unemployment Benefits
   - Documentation of Alimony, Child Support, AFDC
   - Gifts, Public Assistance

4. **If you wish to claim expenses for Child Care, Medical, or care of a family member with disabilities that allows another household member to work,** follow the instructions in **Lines 10, 11, and 12 of the Certification.**

PLEASE NOTE: Only Payment Assistance Renewal information is to be returned in the enclosed envelope. All payment must be mailed in the envelope provided with your billing statement. Mailing payments and other correspondence not related to your Payment Assistance Renewal to the address above will significantly delay processing of your subsidy agreement and slow response to your inquiries.

You must return this form (not a copy) by mail. Do not FAX!

FOR ASSISTANCE, CALL 1-800-414-1226

THE RURAL HOUSING SERVICE RESERVES THE RIGHT TO REQUEST FURTHER DOCUMENTATION BEFORE APPROVING ANY PAYMENT SUBSIDY RENEWAL.

Form RD 3550-21
(Rev. 03-06)

RURAL HOUSING SERVICE
PAYMENT SUBSIDY RENEWAL CERTIFICATION

FORM APPROVED
OMB NO. 0575-0172

NAME: _____ DATE: _____

ADDRESS: _____ ACCOUNT NO: _____

Please provide the following information in ink. **IF ANY REQUESTED INFORMATION IS NOT PROVIDED, YOUR PAYMENT SUBSIDY REQUEST CANNOT BE PROCESSED!**

The information I (we) have provided is complete and true to the best of my (our) knowledge. I (we) understand that the information below is being collected to determine if I am (we are) eligible to receive payment subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

_____ _____ _____ _____

Borrower Signature Date Borrower Signature Date

Home Phone No: _____ Alternate Phone or Work No: _____

YOU MUST RETURN THIS FORM (NOT A COPY) BY MAIL. DO NOT FAX!

1. ALL ADULT HOUSEHOLD MEMBERS MUST SIGN AN "AUTHORIZATION TO RELEASE INFORMATION" FORM 3550-1

2. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY:

HOUSEHOLD MEMBER'S FULL NAME - BEGIN WITH YOURSELF	RELATIONSHIP TO THE HEAD	AGE	SOCIAL SECURITY NUMBER	EMPLOYED YES or NO		FULL TIME STUDENT YES or NO		DISABLED YES or NO	
	SELF			☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐

3. Yes ☐ No ☐ Did anyone living in your household file Federal Income Tax last year?

YOU MUST INCLUDE A COPY OF LAST YEAR'S IRS FORM(S) 1040, 1040EZ, 1040A, OR TELEFILE TAX RECORDS FOR ALL ADULT HOUSEHOLD MEMBERS WHO FILED. *DO NOT SEND FORM 8453!!!*

4. Yes ☐ No ☐ Is anyone living in your household self-employed?

IF YES --YOU MUST INCLUDE A COPY OF LAST YEAR'S FEDERAL INCOME TAX SCHEDULE FOR C OR F.

5. $ _____ Amount of Real Estate Taxes due each year. ☐ I am exempt from paying.

6. $ _____ Amount of Property Insurance paid each year. ☐ I do not have insurance.

7. **ATTACH THE TWO (2) MOST RECENT AND CONSECUTIVE PAY STUBS FOR ALL JOBS IN YOUR HOUSEHOLD AND COMPLETE THE FOLLOWING FOR EACH JOB:**

HOUSEHOLD MEMBER'S FULL NAME	AMOUNT OF YEARLY INCOME	EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE NO.

*** COMPLETE 2ND PAGE OF THIS FORM ***

8. Yes ☐ No ☐ Does anyone living in your household receive income from:
(IF YES --- ATTACH A COPY OF THE CURRENT BENEFIT STATEMENT OR AWARD LETTER)

☐ SOCIAL SECURITY (SS or SSI)
☐ RETIREMENT (PENSION)
☐ UNEMPLOYMENT
☐ OTHER: PLEASE SPECIFY _____

9. Yes ☐ No ☐ Does anyone living in your household receive child support or alimony?
IF YES -- ATTACH

A. THE CLERK OF COURT'S STATEMENT THAT STATES HOW MUCH YOU RECEIVED IN THE LAST TWELVE MONTHS (If collected by the courts), OR
B. THE COURT ORDER THAT SHOWS THE AMOUNT YOU SHOULD RECEIVE, OR
C. IF NOT COURT ORDERED, A STATEMENT OF THE AMOUNT PAID SIGNED BY THE PERSON WHO PAYS YOU.

PLEASE FILL OUT THE FOLLOWING SECTION FOR INCOME RECEIVED FROM LINES 8 AND 9.

PERSON RECEIVING INCOME or BENEFITS	RECEIVED FROM INDIVIDUAL OR AGENCY NAME	AMOUNT RECEIVED EACH MONTH

NOTE: ATTACH SEPARATE SHEETS, IF NEEDED.

DO NOT SEND RECEIPTS, BILLS, OR OTHER STATEMENTS OF EXPENSES PAID FOR LINES 10, 11, AND 12.

10. CHILD CARE EXPENSES: **Complete only if child care is not reimbursed and is needed for children under 13 years of age that allows a household member to work or go to school. Separate expenses for work and school.**

NAME OF CHILD	CARE PROVIDER'S OR EDUCATIONAL INSTITUTION'S NAME, ADDRESS AND HOURS OF CARE PER WEEK	PHONE NO.	COST PER WEEK	HOUSEHOLD MEMBERS NAME ENABLED TO WORK OR GO TO SCHOOL
	Hours:			
	Hours:			

11. MEDICAL EXPENSES: **Complete only if the borrower or co-borrower is 62 years of age or older, or if the borrower or co-borrower is disabled.** Include expenses actually paid by you (not by insurance). If you have any bills with a payment agreement, include **ONLY** the amount to be paid in the next twelve months.

TYPE OF MEDICAL EXPENSES	TOTAL AMOUNT OF EXPENSE EACH YEAR
DOCTOR	
HOSPITAL	
MEDICAL INSURANCE	
DRUGS or PHARMACEUTICALS	
OTHER: Specify	

12. DISABILITY ASSISTANCE EXPENSES: **Complete only if you have expenses for the care of a household member with disabilities that are not reimbursed by another source and is needed to allow a family member to work.**

HOUSEHOLD MEMBER'S NAME WITH DISABILITIES	CARE PROVIDER'S NAME AND ADDRESS	PHONE NO.	COST PER WEEK	HOUSEHOLD MEMBER'S NAME ENABLED TO WORK