

PREQUALIFICATION WORKSHEET

DATE: _____ COUNTY: _____

Applicant: _____ DOB: _____ Co-Applicant: _____ DOB: _____
Social Security #: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____
Tel #: _____

GROSS INCOME (before taxes): (State whether weekly, monthly, or yearly)

Applicant: Source: _____ Amount: \$ _____ Circle - Month-Week-Year
Co-App.: Source: _____ Amount: \$ _____ Circle - Month-Week-Year

OTHERS IN HOUSEHOLD (Over 18 years old):

Name: _____ Age: _____ Income: _____ Source: _____

Name: _____ Age: _____ Income: _____ Source: _____

Names/Ages of children in household: _____

Amount of Rent: \$ _____ month Child Care \$ _____ Circle month or year

Child Support \$ _____ Circle month or year SSI/SS \$ _____ Circle month or year

MONTHLY PAYMENTS

(Do not include telephone, light bills, etc.) Example: (Banks, car loans, personal loans, finance company, furniture companies, credit cards, etc.)

Creditor: _____	Monthly Payment: _____	Est. Balance: _____
Creditor: _____	Monthly Payment: _____	Est. Balance: _____
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Creditor: _____	Monthly Payment: _____	Est. Balance: _____
Creditor: _____	Monthly Payment: _____	Est. Balance: _____

\$

(Signature) Applicant: _____ Co-Applicant: _____

Sign Form 3550-1 Authorization to Release also. Submit both forms to USDA Rural Development.

If applicant wishes for results to be given to third party, i.e. realtor, please give name and telephone number.

Name: _____ Phone: _____

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