APPENDIX 2
FORMS AND CERTIFICATIONS REFERENCED IN THIS HANDBOOK

FORMS

AD 1048, Certification Regarding Debarment, Suspension, Ineligibility, and Other Voluntary Exclusions – Lower Tier Covered Transactions
FEMA’s Standard Flood Hazard Determination
FEMA’s Elevation Certificate
Form RD 400-1, Equal Opportunity Agreement
Form RD 400-3, Notice to Contractors and Applicants
Form RD 400-6, Compliance Statement
Form RD 402-1, Deposit Agreement
Form RD 402-2, Statement of Deposits and Withdrawals
Form RD 410-4, Application for Rural Housing Assistance (Nonfarm Tract), Uniform Residential Loan Application
Form RD 410-8, Applicant Reference Letter
Form 1007, Marshall and Swift Square Foot Appraisal Form
Form RD 1910-5, Request for Verification of Employment
Form RD 1922-12, Nonfarm Tract Comparable Sales Data
Form RD 1922-14, Residential Appraisal Review for Single Family Housing
Form RD 1922-15, Administrative Appraisal Review for Single Family Housing
Form RD 1924-1, Development Plan
Form RD 1924-2, Description of Materials
Form RD 1924-6, Construction Contract
Form RD 1924-7, Contract Change Order
Form RD 1924-9, Certification of Contractor’s Release
Form RD 1924-10, Release by Claimants
Form RD 1924-12, Inspection Report
Form RD 1924-16, Record of Pre-Construction Conference
Form RD 1924-19, Builder’s Warranty
Form RD 1924-25, Plan Certification
Form RD 1927-4, Transmittal of Title Information
Form RD 1927-5, Affidavit Regarding Work of Improvement
Form RD 1927-8, Agreement with Prior Lienholder
Form RD 1927-9, Preliminary Title Opinion
Form RD 1927-19, Certification of Attorney
Form RD 1927-20, Certification of Title Insurance Company
Form RD 1940-16, Promissory Note
Form RD 1940-43, Notice of Right to Cancel
Form RD 1944-4, Certification of Disability or Handicap
Form RD 1944-5, Manufactured Housing Dealer-Contractor Application
Form RD 1944-6, Interest Credit Agreement
Form RD 1944-11, Conditional Commitment
Form RD 1944-14, Payment Assistance/Deferred Mortgage Assistance Agreement
Form RD 1944-36, Application for Conditional Commitment
Form RD 1944-59, Certificate of Eligibility
Form RD 1944-60, Landlord’s Verification
Form RD 1944-61, Credit History Worksheet
Form RD 1944-62, Request for Verification of Deposit
Form RD 1955-2, Report on Real Estate Problem Case
Form RD 1955-20, Lease of Real Property
Form RD 1955-42, Open Real Property Master Listing Agreement
Form RD 1955-43, Notice of Real Property for Sale (Single Family Housing)
Form RD 1955-44, Notice of Residential Occupancy Restriction
Form RD 1955-45, Standard Sales Contract, Sale of Real Property by the United States
Form RD 1955-46, Invitation, Bid, and Acceptable Sale of Real Property by the United States
Form RD 1955-47, Bill of Sale ‘A’
Form RD 1955-49, Quitclaim Deed
Form RD 1955-50, Advice of Inventory Property Sold
Form RD 1955-50A, Advice of Inventory Property Sold-Credit Sale
Form RD 1955-50B, Advice of Inventory Property Sold-Cash Sale/Transfer--Acquired Property
Form RD 3550-1, Authorization to Release Information
Form RD 3550-2, Request for Verification of Gift/Gift Letter
Form RD 3550-4, Employment and Asset Certification
Form RD 3550-6, Notice of Special Flood Hazards, Flood Insurance Purchase Requirements, and Availability of Federal Disaster Relief Assistance
Form RD 3550-7, Funding Commitment and Notification of Loan Closing
Form RD 3550-9, Initial Escrow Account Disclosure Statement
Form RD 3550-10, Condominium Rider
Form RD 3550-11, Planned Unit Development (PUD) Rider
Form RD 3550-12, Subsidy Repayment Agreement
Form RD 3550-14, Real Estate Mortgage or Deed of Trust for (State)
Form RD 3550-15, Tax Information
Form RD 3550-16, Release from Personal Liability
Form RD 3550-17, Funds Transmittal Report
Form RD 3550-19, Transmittal-Closing Documents
Form RD 3550-22, Assumption Agreement, Single Family Housing
Form RD 3550-23, Applicant Orientation Guide
Form RD 3550-24, Grant Agreement
Form RD 3550-25, Loan Closing Instructions and Loan Closing Statement
Form RD 3550-27, Substitute Payment Coupon
Form RD 3550-30, Verification of Debt Proposed for Refinancing
Form RD 3550-34, Option to Purchase Real Property
Authorization Agreement for Preauthorized Payments
ASTM E-1528, Transaction Screen Questionnaire Loan Estimate
Closing Disclosure
Internal Revenue Service Form 4506-T, Request for Transcript of Tax Return
U.S. Citizenship and Immigration Services Form G-845, Document Verification Request
Social Security Administration Form SSA-3288, Consent for Release of Information
CERTIFICATIONS

Verification of Pensions and Annuities
Verification of Student Income and Expenses
Verification of Medical Expenses
Verification of Social Security Benefits
Verification of Public Assistance
Verification of Child/Dependent Care
Verification of Unemployment Benefits
Verification of Business Expenses
Verification of Support Payments
Record of Oral Verification
APPENDIX 3

HANDBOOK LETTERS REFERENCED IN THIS HANDBOOK

Handbook Letter 1(3550), Moderate Income Options
Handbook Letter 2(3550), Funds Not Available
Handbook Letter 3(3550), Waiting Period
Handbook Letter 4(3550), Funds Not Available – Certificate of Eligibility and/or Property Identified
Handbook Letter 5(3550), Cover Letter to Truth in Lending Disclosure
Handbook Letter 10(3550), Status of Offer to Buy Single Family Housing REO Property
Handbook Letter 11(3550), Request Information
Handbook Letter 12(3550), Notification of Approval (504 Grant and/or Loan)
Handbook Letter 15(3550), Standardized Adverse Decision Letter
Handbook Letter 16(3550), Eligibility of Self-Help Applicants
Handbook Letter 17(3550), Adverse Decision Involving An Appraisal
Handbook Letter 18(3550), Unfavorable Decision After State Director Review Of An Appraisal
Handbook Letter 19(3550), Pre-qualification Review
Handbook Letter 20(3550), Response to Request to Sale for Less Than the Debt
Date: [insert today’s date]

[insert applicant(s) first/MI/last name(s) (Mr., Mrs., Ms.)]
[insert applicant(s) street/post office address]
[insert city, state, and zip code]

Dear [insert applicant last name(s) (Mr., Mrs., Ms.)]:

Information obtained while processing your application for Rural Development loan assistance indicates that your adjusted annual household income exceeds the maximum low-income limit for this area, which is $[insert the applicable income limit]. If this information is correct, the following options are available to you in obtaining housing:

1. Sale of Real Estate Owned (REO) Property. This is the sale of a property that is owned by the Government. Rural Development acquires title to properties periodically and has [insert the number of properties available] properties available for sale at this time. We welcome you to visit our Real Estate for Sale website at http://www.resales.usda.gov to view the changing availability of properties or contact this office for more information.

2. A transfer and assumption of an existing Rural Development loan. You may assume the unpaid balance of a loan from a Rural Development borrower whose property is for sale. Equity or repairs would need to be paid for with cash provided by you.

3. A Guaranteed Rural Housing loan. If you wish to learn more about this program and obtain a list of participating lenders, please contact this office at [insert field office address].

4. Other credit. You may wish to pursue financing through a private lending institution.
Applications for the purchase of an REO property or loan transfer and assumption are given funding priority. If you are interested in a specific REO property or loan transfer and believe you can meet the conditions outlined above, you should notify this office within 15 days of receipt of this letter. If we do not hear from you within the specified time frame, your application will be withdrawn. Please refer to Attachment 1-C in this letter regarding your ability to have the decision further reviewed.

Sincerely,

( insert name of the Loan Originator )
( insert title of the Loan Originator )

Attachment
[Attachment 1-C of Chapter 1]
Date: [ insert today’s date ]

[ insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.) ]
[ insert applicant(s) street/post office address ]
[ insert city, state, and zip code ]

Dear [ insert applicant last name(s) (Mr., Mrs., Ms.) ]:

Rural Development cannot continue to process your application at this time due to the lack of availability of funds for households within your income category. However, based on a review of your verified credit and financial information, you have been determined eligible for loan services through this Agency. The approximate waiting period before funds may be available to consider your loan request is ( insert approximate days/months funds will be available ).

Once funding is available to consider your loan request, we will notify you with further instructions. You may be asked to provide the Agency with updated information so that we can confirm your continued eligibility.

Please be advised that Rural Development has a homeownership education requirement for first-time homebuyers. If you are a first-time homebuyer, you will be required to provide documentation of completion of an acceptable homeownership education course. Documentation must be in the form of a certificate of completion or letter from the provider of the homeownership education. Our office can assist you in locating an acceptable provider. We strongly encourage that applicants look into and take the training early in the process. In the meantime, do not incur debts for items such as a building site, or the repair, purchase, or construction of a home; there is no guarantee that the Agency will extend you financing.
If you are planning to assume the unpaid balance of a loan from an existing Rural Development borrower or purchase a Government Real Estate Owned property, you should advise this office. These transactions can be processed without delay. You may also wish to discuss eligibility requirements for the Guaranteed Rural Housing loan.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or 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. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.

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. The federal agency that is responsible for enforcing this law is the U. S. Department of Housing and Urban Development. If a person believes that they have been discriminated against in violation of this law, they should contact the U. S. Department of Housing and Urban Development, Washington, D.C. 20410 or call (800) 669-9777.

Sincerely,

[insert name of Loan Approval Official]
[insert title of Loan Approval Official]
Dear [insert applicant last name(s) (Mr., Mrs., Ms.)]:

The rural housing application that you submitted to Rural Development on [insert receipt date] remains active.

However, resources are still currently unavailable to consider your loan request. The approximate waiting period is now [insert # of months/days].

Please complete the enclosed form if you are still interested in Rural Development assistance and update your current address and telephone number. Your failure to return the enclosed form to this office within 15 days of the date of this letter will result in the withdrawal of your application. If your application is withdrawn, you may reapply.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or 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. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.
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Feel free to contact this office at [insert phone number] if you have any questions.

Sincerely,

[insert name of Loan Approval Official]
[insert title of Loan Approval Official]

Enclosure
TO: [insert name and address of applicable Rural Development field office]

I am still interested in receiving rural housing assistance through Rural Development. Please keep my application active. My current address and telephone number are as follows:

Name: ___________________________________________  
(Please print)

Address: ___________________________________________  
(Street/Post Office Address)

___________________________________________  
(City, State, and Zip Code)

Telephone: _________________________________  
(Please include area code)

THIS INFORMATION HAS ___/HAS NOT ___ CHANGED SINCE YOU LAST CONTACTED ME. (Please check either "has" or "has not" above.)

Signed by:_______________________________  Date:_________________

Applicant

Signed by:_______________________________  Date:_________________

Applicant

Note: If you wish to have your application remain on file, please complete this form, sign and date it, then return it to the Rural Development office processing your loan application. Your response must be received within 15 days from the date on the attached letter of [insert today's date].
Date: [insert today’s date]

[insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.)]
[insert applicant(s) street/post office address]
[insert city, state, and zip code]

Dear [insert applicant last name(s) (Mr., Mrs., Ms.)]:

You are receiving this letter because you have been deemed eligible for Rural Development assistance and:

☐ You have been issued a Certificate of Eligibility (COE).
☐ You have submitted a purchase agreement or sales contract for a property.

Unfortunately, Rural Development cannot continue processing your application at this time due to a temporary lack of funds for households within your income category. You should immediately:

☐ Stop searching for a property unless you find a seller who is willing to agree to a closing date that is at least 30 days beyond the approximate waiting period listed below.
☐ Speak with the seller about extending the closing date to at least 30 days beyond the approximate waiting period listed below. If the seller is willing to extend the closing date, please submit a copy of the addendum to the contract to Rural Development.

The approximate waiting period before funds may be available to consider your loan request is [insert approximate days/months funds will be available]. We will notify you once funding is available to consider your loan request.

If you are planning to assume the unpaid balance of a loan from an existing Rural Development borrower or purchase an Agency Real Estate Owned property, you should advise this office. These transactions can be processed without delay.

(01-23-03) SPECIAL PN
Revised (01-06-17) PN 492
The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or 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. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.

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Sincerely,

[insert name of Loan Approval Official]
[insert title of Loan Approval Official]
REFERENCE:  Field Office Handbook Chapter 3

SUBJECT:  Cover Letter to Truth in Lending Disclosure

Date:  [insert today’s date]

[ insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.) ]
[ insert applicant(s) street/post office address ]
[ insert city, state, and zip code ]

Dear [ insert applicant last name(s) (Mr., Mrs., Ms.) ]:

Thank you for submitting an application for a single family housing loan in the amount of (insert the loan amount as shown on the Loan Estimate). In accordance with the Integrated Mortgage Disclosures under the Real Estate Settlement Procedures Act and the Truth in Lending Act, the following is provided:

- **The Loan Estimate Disclosure.** This document is provided to show the maximum costs associated with the loan product; the final costs may be lower. If there is a change in circumstances, such as a change in the loan amount, a revised Loan Estimate may be issued. The payment amount does not reflect any possible payment assistance nor does the issuance of a Loan Estimate constitute an approval of a loan.

- **A List of Settlement Service Providers.** These providers are not endorsed by or affiliated with Rural Development and applicants may select service providers not on this list.


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The Fair Housing Act prohibits discrimination in real estate related transactions, or in the terms of conditions of such a transaction, because of race, color, religion, sex, disability, familial status, or national origin. The federal agency that is responsible for enforcing this law is the U. S. Department of Housing and Urban Development. If a person believes that they have been discriminated against in violation of this law, they should contact the U. S. Department of Housing and Urban Development, Washington, DC 20410 or call (800) 669-9777.

If you have any questions or need further information, please contact this office at (insert field office address).

Sincerely,

( insert name of the Loan Originator )
( insert title of the Loan Originator )
REFERENCE:  Field Office Handbook Chapter 16

SUBJECT:  Status of Offer to Buy Single Family Housing REO Property

Date: [ insert today’s date ]

[ insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.) ]
[ insert applicant(s) street/post office address ]
[ insert city, state, and zip code ]

Dear [ insert applicant last name(s) (Mr., Mrs., Ms.) ]:

Regarding your offer to purchase the above-referenced REO property, please be advised that:

_____ 1.  Your offer has been accepted.  Please contact this office to discuss proceeding with the transaction.
_____ 2.  Another offer has been accepted, however, your offer is being held as a back-up offer.
_____ 3.  The property is reserved for exclusive purchase by program applicants for the first 60 days after listing and for 30 days after any reduction in price.  Your offer will be considered after this period if no acceptable offer from a program applicant is received.
_____ 4.  Your offer could not be accepted for the following reason(s):
        _____ Less than the listed sale price.
        _____ An offer from a program applicant has been accepted.
        _____ Another offer has already been accepted.
        _____ The property is no longer for sale.
        _____ (For back-up offers) The prior offer has been accepted.
_____ 5.  The property has been withdrawn from sale.
_____ 6.  A previous offer has been canceled. The property has been relisted for sale.
_____ 7.  The property has been relisted for sale at the following:
        Price $ _______________
        Terms: _______________________
_____ 8.  Other: ______________________________________________________

Please feel free to contact this office if you have any questions regarding this letter. Thank you for your interest in purchasing REO property.

Sincerely,

[ insert name of Loan Approval Official ]
[ insert title of Loan Approval Official ]

(01-23-03) SPECIAL PN
Revised (06-09-04) PN 375
REFERENCE: Field Office Handbook Chapter 3

SUBJECT: Request Information

Date: [ insert today’s date ]

[ insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.) ]
[ insert applicant(s) street/post office address ]
[ insert city, state, and zip code ]

Dear [ insert applicant last name(s) (Mr., Mrs., Ms.) ]:

The following information must be submitted to this office in order for Rural Development to continue processing your application:

(01-23-03) SPECIAL PN
Revised (01-06-17) PN 492
This letter is to advise you that no action can be taken until all of the above-marked items have been received in this office. Your application will remain in an inactive status until the information is received. Your failure to respond to this request within 15 days of the date of this letter will result in the withdrawal of your application. If your application is withdrawn, you may reapply.

Please be advised that Rural Development has a homeownership education requirement for first-time homebuyers. If you are a first-time homebuyer, you will be required to provide documentation of completion of an acceptable homeownership education course. Documentation must be in the form of a certificate of completion or letter from the provider of the homeownership education. Our office can assist you in locating an acceptable provider. We strongly encourage that applicants look into and take the training early in the process.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or 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. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.

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Sincerely,

[ insert name of Rural Development Official ]
[ insert title of Rural Development Official ]
Date: [insert today’s date]

[ insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.) ]
[ insert applicant(s) street/post office address ]
[ insert city, state, and zip code ]

Dear [ insert applicant last name(s) (Mr., Mrs., Ms.) ]:

Rural Development has approved your request for Section 504 Grant assistance in the amount of $ (insert grant amount) and/or Section 504 Loan assistance in the amount of $ (insert loan amount). Note: 504 Grant assistance is limited to households where at least one of the applicants is 62 years of age or older and who lack repayment ability for all or part of the requested assistance.

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Sincerely,

[ insert name of Rural Development Official ]
[ insert title of Rural Development Official ]

(01-23-03) SPECIAL PN
Revised (10-05-07) PN 413
Date: [insert today’s date]

[insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.)]
[insert applicant(s) street/post office address]
[insert city, state, and zip code]

Dear [insert applicant last name(s) (Mr., Mrs., Ms.)]:

Thank you for the opportunity to consider your request for Rural Development assistance. In reviewing your request, we considered all information submitted to the Agency and the regulations that govern the assistance for which you applied. After careful review, we regret to inform you that we were unable to take favorable action on your request. The specific reasons for our decision are as follows:

(The following items should be included in each adverse decision letter and can be presented in different formats depending upon the type of assistance requested and reasons for denial):

- Specific reasons for the decision;
- Regulatory basis (CFR citation) for the decision;
- If applicable, a statement of any evidence considered in making the decision such as credit reports, financial statements, etc.;
- If applicable, a statement of any issues presented by the customer such as those discussed during any meetings or phone conversations.

If one of the above reasons included an unacceptable credit history, please note that a tri-merge credit report on you was obtained from Equifax Mortgage Solutions, 815 East Gate, Mount Laurel, NJ 08054; telephone (800) 333-0037. You may obtain a free copy of your credit report from Equifax and dispute the accuracy or completeness of the report directly to Equifax. While the report was provided by Equifax, the decision to deny your request for assistance was made by this Agency and not Equifax.
If you believe our decision is incorrect, or the facts used in this case are in error, you may challenge our decision. Please see the attached document.

Sincerely,

[ insert name of Rural Development Official ]
[ insert title of Rural Development Official ]

Attachment [ insert Attachment 1-B or 1-C, as appropriate from Chapter 1 ]
Reference: Field Office Handbook Chapter 7

Subject: Eligibility of Self-Help Applicants

Date: [insert today’s date]

[insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.)]
[insert applicant(s) street/post office address]
[insert city, state, and zip code]

Dear [insert applicant last name(s) (Mr., Mrs., Ms.)]:

You have been determined eligible for Rural Development financing for construction of a modest single family home under the Self-Help program. Eligibility is based on income and financial information that is verified within 90 days of loan approval and closing. Loan approval and closing are subject to the continued eligibility of the applicant and the availability of loan funds. Changes in your financial status (income and expenses) must be reported to Rural Development, and may affect your eligibility and the amount of loan for which you qualify. Rural Development has determined that you qualify for a Self-Help loan up to the amount of $[______] in[________] County.

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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. The federal agency that is responsible for enforcing this law is the U. S. Department of Housing and Urban Development. If a person believes that they have been discriminated against in violation of this law, they should contact the U. S. Department of Housing and Urban Development, Washington, D.C. 20410 or call (800) 669-9777.

Sincerely,

[ insert name of Rural Development Official ]
[ insert title of Rural Development Official ]
REFERENCE: Field Office Handbook Chapter 5

SUBJECT: Adverse Decision Involving an Appraisal

Date: [insert today’s date]

[insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.)]
[insert applicant(s) street/post office address]
[insert city, state, and zip code]

Dear [insert applicant(s) last name(s) (Mr., Mrs., Ms.)]:

After carefully analyzing the appraisal of the property located at ______________________________, we are unable to take favorable action on your request for Rural Development services. The specific reasons for our decision are:

[insert the specific reasons associated with the appraisal for the adverse action]

If the aforementioned reason for denial was because the appraised value was for less than the sales contract, you may want to look into the following options:

1) Adjust the sales contract
2) Dispute the appraisal

If you have any questions concerning this decision or the facts used in making our decision and desire further explanation, you may call or write the Local Office at [insert office phone number] to request a meeting with this office within 15 days of the date on this letter. You should present any new information or evidence along with possible alternatives for our consideration. You may also bring a representative or legal counsel with you.

If you do not wish to have a meeting as provided above, you may contest the appraisal of the property value. In order to contest the appraisal you must first request a review of the appraisal by the Rural Development State Director. Your request for review by the State Director should be through our office. You will be advised of the results of the State Director’s review. If after the State Director’s review you still disagree with the appraisal you may request a hearing. When you receive the results of the State Director’s review you will be advised on how to ask for a hearing. Your request for a review of the appraisal must be postmarked no later than __________, ______[insert date 15 days from date of letter].

(01-23-03) SPECIAL PN
Revised (04-27-16) PN 485
The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or 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. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.

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Sincerely,

[insert name of Loan Approval Official]
[insert title of Loan Approval Official]
REFERENCE: Field Office Handbook Chapter 5

SUBJECT: Unfavorable Decision After State Director Review of an Appraisal

Date: [insert today’s date ]

[insert applicant(s) first/MI/last name(s) (Mr., Mrs., Ms.) ]
[insert applicant(s) street/post office address ]
[insert city, state, and zip code ]

Dear [insert applicant last name(s) (Mr., Mrs., Ms.) ]:

At your request, we have reviewed the appraisal of the property you wish to purchase. We have determined that the value estimate of the property is both supportable and defensible (as required by Rural Development regulations and appraisal industry standards) and, therefore, acceptable.

You have the right to appeal this decision. You must show why the appraisal is in error if the aforementioned reason for denial was because the appraised value was for less than the sales contract, you may want to look into the following options:

1) Adjust the sales contract
2) Dispute the appraisal

See Attachment 1-B for your appeal rights. [Include Attachment 1-B from Chapter 1]

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or 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. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.
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. The federal agency that is responsible for enforcing this law is the U. S. Department of Housing and Urban Development. If a person believes that they have been discriminated against in violation of this law, they should contact the U. S. Department of Housing and Urban Development, Washington, D.C. 20410 or call (800) 669-9777.

Sincerely,

[insert name of Loan Approval Official]
[insert title of Loan Approval Official]
REFERENCE: Field Office Handbook Chapter 3

SUBJECT: Pre-qualification Review

Date: [insert today’s date]

[insert applicant(s) first/mi/last name(s) (Mr., Mrs., Ms.)]
[insert applicant(s) street/post office address]
[insert city, state, and zip code]

Dear [insert applicant(s) last name(s) (Mr., Mrs., Ms.)]:

Rural Development has conducted a pre-qualification review using a profile credit report (obtained at no cost to you) as well as unverified information you provided either orally or in writing. During this informal and unbinding review, items that raised concerns or need clarification were noted.

To qualify for program assistance, applicants must meet basic eligibility requirements that include, but are not limited to, acceptable credit history and loan repayment ability. We would like the opportunity to discuss with you the information obtained through the pre-qualification review. We ask that you call our office at [insert office phone number] within 15 days of the date on this letter.

You are welcome to submit a Uniform Residential Loan Application regardless of the issues discussed during the phone conversation.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or 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. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.
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. The federal agency that is responsible for enforcing this law is the U. S. Department of Housing and Urban Development. If a person believes that they have been discriminated against in violation of this law, they should contact the U. S. Department of Housing and Urban Development, Washington, D.C. 20410 or call (800) 669-9777.

Sincerely,

[insert name of Loan Approval Official]
[insert title of Loan Approval Official]
REFERENCE: Field Office Handbook Chapter 13
SUBJECT: Response to Request to Sale for Less Than the Debt

Date: [insert today’s date]

[ insert borrower(s) first/mi/last name(s) (Mr., Mrs., Ms.) ]
[ insert borrower(s) street/post office address ]
[ insert city, state, and zip code ]

RE: [ Type of Assistance Requested ]
[ insert account #___________ ]
[ Residential Real Estate Located at (Popular Street Address of Property) ]

Dear [ insert borrower last name(s) (Mr., Mrs., Ms.) ]:

USDA Rural Development has reviewed your request for consent to allow you to sell the subject property for the sale price that you have proposed. USDA Rural Development consents to this sale and agrees to release its first mortgage lien upon receipt of net proceeds from the sale in an amount not less than $_______________. By approving this sale, the Agency is agreeing only to release its lien; however, you will remain obligated for repayment of any remaining debt. The remaining debt can be settled through the debt settlement process. For your convenience a Debt Settlement Application is enclosed for you to complete and return to the Customer Service Center as instructed in the application.

- or -

USDA Rural Development has reviewed your request for consent to allow you to sell the subject property for the sale price that you have proposed and does not consent to this sale for the following reasons: [insert specific reasons]. Please contact the local field office at the above location for additional information.

Sincerely,

[ insert name of RD Official ]
[ insert title of RD Official ]
APPENDIX 4

7 CFR PART 11--NATIONAL APPEALS DIVISION RULES OF PROCEDURE

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§ 11.1 Definitions.

For purposes of this part:

Adverse decision means an administrative decision made by an officer, employee, or committee of an agency that is adverse to a participant. The term includes a denial of equitable relief by an agency or the failure of an agency to issue a decision or otherwise act on the request or right of the participant within timeframes specified by agency program statutes or regulations or within a reasonable time if timeframes are not specified in such statutes or regulations. The term does not include a decision over which the Board of Contract Appeals has jurisdiction.

Agency means:

(1) The Agricultural Stabilization and Conservation Service (ASCS);

(2) The Commodity Credit Corporation (CCC);

(3) The Farm Service Agency (FSA);

(4) The Farmers Home Administration (FmHA);

(5) The Federal Crop Insurance Corporation (FCIC);

(6) The Natural Resources Conservation Service (NRCS);

(7) The Rural Business-Cooperative Service (RBS);

(8) The Rural Development Administration (RDA);

(9) The Rural Housing Service (RHS);

(10) The Rural Utilities Service (RUS) (but not for programs authorized by the Rural Electrification Act of 1936 and the Rural Telephone Bank Act, 7 U.S.C. 901 et seq.);

(11) The Soil Conservation Service (SCS);

(12) A State, county, or area committee established under section 8(b)(5) of the Soil Conservation and Domestic Allotment Act (16 U.S.C. 590h(b)(5)); and

(13) Any successor agency to the above-named agencies, and any other agency or office of the Department which the Secretary may designate.
Agency record means all the materials maintained by an agency related to an adverse decision which are submitted to the Division by an agency for consideration in connection with an appeal under this part, including all materials prepared or reviewed by the agency during its consideration and decision-making process, but shall not include records or information not related to the adverse decision at issue. All materials contained in the agency record submitted to the Division shall be deemed admitted as evidence for purposes of a hearing or a record review under Sec. 11.8.

Agency representative means any person, whether or not an attorney, who is authorized to represent the agency in an administrative appeal under this part.

Appeal means a written request by a participant asking for review by the National Appeals Division of an adverse decision under this part.

Appellant means any participant who appeals an adverse decision in accordance with this part. Unless separately set forth in this part, the term “appellant” includes an authorized representative.

Authorized representative means any person, whether or not an attorney, who is authorized in writing by a participant, consistent with Sec. 11.6(c), to act for the participant in an administrative appeal under this part. The authorized representative may act on behalf of the participant except when the provisions of this part require action by the participant or appellant personally.

Case record means all the materials maintained by the Secretary related to an adverse decision. The case record includes both the agency record and the hearing record.

Days means calendar days unless otherwise specified.

Department means the United States Department of Agriculture (USDA).

Director means the Director of the Division or a designee of the Director.

Division means the National Appeals Division established by this part.

Equitable relief means relief which is authorized under section 326 of the Food and Agriculture Act of 1962 (7 U.S.C. 1339a) and other laws administered by the agency.

Ex parte communication means an oral or written communication to any officer or employee of the Division with respect to which reasonable prior notice to all parties is not given, but it shall not include requests for status reports, or inquiries on Division procedure, in reference to any matter or proceeding connected with the appeal involved.
Hearing, except with respect to Sec. 11.5, means a proceeding before the Division to afford a participant the opportunity to present testimony or documentary evidence or both in order to have a previous determination reversed and to show why an adverse determination was in error.

Hearing Officer means an individual employed by the Division who conducts the hearing and determines appeals of adverse decisions by any agency.

Hearing record means all documents, evidence, and other materials generated in relation to a hearing under Sec. 11.8.

Implement means the taking of action by an agency of the Department in order fully and promptly to effectuate a final determination of the Division.

Participant means any individual or entity who has applied for, or whose right to participate in or receive, a payment, loan, loan guarantee, or other benefit in accordance with any program of an agency to which the regulations in this part apply is affected by a decision of such agency. With respect to guaranteed loans made by FSA, both the borrower and the lender jointly must appeal an adverse decision except that the denial or reduction of a final loss payment to a lender shall be appealed by the lender only. The term does not include persons whose claim(s) arise under:

1. Programs subject to various proceedings provided for in 7 CFR part 1;

2. Programs governed by Federal contracting laws and regulations (appealable under other rules and to other forums, including to the Department's Board of Contract Appeals under 7 CFR part 24);

3. The Freedom of Information Act (appealable under 7 CFR part 1, subpart A);

4. Suspension and debarment disputes, including, but not limited to, those falling within the scope of 7 CFR parts 1407 and 3017;

5. Export programs administered by the Commodity Credit Corporation;

6. Disputes between reinsured companies and the Federal Crop Insurance Corporation;

7. Tenant grievances or appeals prosecutable under the provisions of 7 CFR part 1944, subpart L, under the multi-family housing program carried out by RHS;

8. Personnel, equal employment opportunity, and other similar disputes with any agency or office of the Department which arise out of the employment relationship;

(10) Discrimination complaints prosecutable under the nondiscrimination regulations at 7 CFR parts 15, 15a, 15b, and 15e.

Record review means an appeal considered by the Hearing Officer in which the Hearing Officer's determination is based on the agency record and other information submitted by the appellant and the agency, including information submitted by affidavit or declaration.

Secretary means the Secretary of Agriculture.

§ 11.2 General statement.

(a) This part sets forth procedures for proceedings before the National Appeals Division within the Department. The Division is an organization within the Department, subject to the general supervision of and policy direction by the Secretary, which is independent from all other agencies and offices of the Department, including Department officials at the state and local level. The Director of the Division reports directly to the Secretary of Agriculture. The authority of the Hearing Officers and the Director of the Division, and the administrative appeal procedures which must be followed by program participants who desire to appeal an adverse decision and by the agency which issued the adverse decision, are included in this part.

(b) Pursuant to section 212(e) of the Federal Crop Insurance Reform and Department of Agriculture Reorganization Act of 1994, Public Law 103-354 (the Act), 7 U.S.C. 6912(e), program participants shall seek review of an adverse decision before a Hearing Officer of the Division, and may seek further review by the Director, under the provisions of this part prior to seeking judicial review.

§ 11.3 Applicability.

(a) Subject matter. The regulations contained in this part are applicable to adverse decisions made by an agency, including, for example, those with respect to:

(1) Denial of participation in, or receipt of benefits under, any program of an agency;

(2) Compliance with program requirements;

(3) The making or amount of payments or other program benefits to a participant in any program of an agency; and

(4) A determination that a parcel of land is a wetland or highly erodible land.
(b) **Limitation.** The procedures contained in this part may not be used to seek review of statutes or USDA regulations issued under Federal law.

§ 11.4 Inapplicability of other laws and regulations.

The provisions of the Administrative Procedure Act generally applicable to agency adjudications (5 U.S.C. 554, 555, 556, 557, & 3105) are not applicable to proceedings under this part. The Equal Access to Justice Act, as amended, 5 U.S.C. 504, does not apply to these proceedings. The Federal Rules of Evidence, 28 U.S.C. App., shall not apply to these proceedings.

§ 11.5 Informal review of adverse decisions.

(a) **Required informal review of FSA adverse decisions.** A participant must seek an informal review of an adverse decision issued at the field service office level by an officer or employee of FSA, or by any employee of a county or area committee established under section 8(b)(5) of the Soil Conservation and Domestic Allotment Act, 16 U.S.C. 590h(b)(5), before NAD will accept an appeal of an FSA adverse decision. Such informal review shall be done by the county or area committee with responsibility for the adverse decision at issue. The procedures for requesting such an informal review before FSA are found in 7 CFR part 780. After receiving a decision upon review by a county or area committee, a participant may seek further informal review by the State FSA committee or may appeal directly to NAD under Sec. 11.6(b).

(b) **Optional informal review.** With respect to adverse decisions issued at the State office level of FSA and adverse decisions of all other agencies, a participant may request an agency informal review of an adverse decision of that agency prior to appealing to NAD. Procedures for requesting such an informal review are found at 7 CFR part 780 (FSA), 7 CFR part 614 (NRCS), 7 CFR part 1900, subpart B (RUS), 7 CFR part 1900, subpart B (RBS), and 7 CFR part 1900, subpart B (RHS).

(c) **Mediation.** A participant also shall have the right to utilize any available alternative dispute resolution (ADR) or mediation program, including any mediation program available under title V of the Agriculture Credit Act of 1987, 7 U.S.C. 5101 et seq., in order to attempt to seek resolution of an adverse decision of an agency prior to a NAD hearing. If a participant:

(1) Requests mediation or ADR prior to filing an appeal with NAD, the participant stops the running of the 30-day period during which a participant may appeal to NAD under Sec. 11.6(b)(1), and will have the balance of days remaining in that period to appeal to NAD once mediation or ADR has concluded.

(2) Requests mediation or ADR after having filed an appeal to NAD under Sec. 11.6(b), but before the hearing, the participant will be deemed to have waived his right to have a hearing within 45 days under Sec. 11.8(c)(1) but shall have the right to have a hearing within 45 days after conclusion of mediation or ADR.
§ 11.6  Director review of agency determination of appealability and right of participants to Division hearing.

(a) Director review of agency determination of appealability.

(1) Not later than 30 days after the date on which a participant receives a determination from an agency that an agency decision is not appealable, the participant must submit a written request to the Director to review the determination in order to obtain such review by the Director.

(2) The Director shall determine whether the decision is adverse to the individual participant and thus appealable or is a matter of general applicability and thus not subject to appeal, and will issue a final determination notice that upholds or reverses the determination of the agency. This final determination is not appealable. If the Director reverses the determination of the agency, the Director will notify the participant and the agency of that decision and inform the participant of his or her right to proceed with an appeal.

(3) The Director may delegate his or her authority to conduct a review under this subsection to any subordinate official of the Division other than a Hearing Officer. In any case in which such review is conducted by such a subordinate official, the subordinate official's determination shall be considered to be the determination of the Director and shall be final and not appealable.

(b) Appeals of adverse decisions.

(1) To obtain a hearing under Sec. 11.8, a participant personally must request such hearing not later than 30 days after the date on which the participant first received notice of the adverse decision or after the date on which the participant receives notice of the Director's determination that a decision is appealable. In the case of the failure of an agency to act on the request or right of a recipient, a participant personally must request such hearing not later than 30 days after the participant knew or reasonably should have known that the agency had not acted within the timeframes specified by agency program regulations, or, where such regulations specify no timeframes, not later than 30 days after the participant reasonably should have known of the agency's failure to act.
(2) A request for a hearing shall be in writing and personally signed by the participant, and shall include a copy of the adverse decision to be reviewed, if available, along with a brief statement of the participant's reasons for believing that the decision, or the agency's failure to act, was wrong. The participant also shall send a copy of the request for a hearing to the agency, and may send a copy of the adverse decision to be reviewed to the agency, but failure to do either will not constitute grounds for dismissal of the appeal. Instead of a hearing, the participant may request a record review.

(c) If a participant is represented by an authorized representative, the authorized representative must file a declaration with NAD, executed in accordance with 28 U.S.C. 1746, stating that the participant has duly authorized the declarant in writing to represent the participant for purposes of a specified adverse decision or decisions, and attach a copy of the written authorization to the declaration.

§ 11.7 Ex parte communications.

(a) Ex parte communications.

(1) At no time between the filing of an appeal and the issuance of a final determination under this part shall any officer or employee of the Division engage in ex parte communications regarding the merits of the appeal with any person having any interest in the appeal pending before the Division, including any person in an advocacy or investigative capacity. This prohibition does not apply to:

(i) Discussions of procedural matters related to an appeal; or

(ii) Discussions of the merits of the appeal where all parties to the appeal have been given notice and an opportunity to participate.

(2) In the case of a communication described in paragraph (a)(1)(ii) of this section, a memorandum of any such discussion shall be included in the hearing record.

(b) No interested person shall make or knowingly cause to be made to any officer or employee of the Division an ex parte communication relevant to the merits of the appeal.

(c) If any officer or employee of the Division receives an ex parte communication in violation of this section, the one who receives the communication shall place in the hearing record:

(1) All such written communications;

(2) Memoranda stating the substance of all such oral communications; and

(3) All written responses to such communications, and memoranda stating the substance of any oral responses thereto.
(d) Upon receipt of a communication knowingly made or knowingly caused to be made by a party in violation of this section the Hearing Officer or Director may, to the extent consistent with the interests of justice and the policy of the underlying program, require the party to show cause why such party's claim or interest in the appeal should not be dismissed, denied, disregarded, or otherwise adversely affected on account of such violation.

§ 11.8 Division hearings.

(a) General rules.

(1) The Director, the Hearing Officer, and the appellant shall have access to the agency record of any adverse decision appealed to the Division for a hearing. Upon request by the appellant, the agency shall provide the appellant a copy of the agency record.

(2) The Director and Hearing Officer shall have the authority to administer oaths and affirmations, and to require, by subpoena, the attendance of witnesses and the production of evidence. A Hearing Officer shall obtain the concurrence of the Director prior to issuing a subpoena.

(i) A subpoena requiring the production of evidence may be requested and issued at any time while the case is pending before the Division.

(ii) An appellant or an agency, acting through any appropriate official, may request the issuance of a subpoena requiring the attendance of a witness by submitting such a request in writing at least 14 days before the scheduled date of a hearing. The Director or Hearing Officer shall issue a subpoena at least 7 days prior to the scheduled date of a hearing.

(iii) A subpoena shall be issued only if the Director or a Hearing Officer determines that:

(A) For a subpoena of documents, the appellant or the agency has established that production of documentary evidence is necessary and is reasonably calculated to lead to information which would affect the final determination or is necessary to fully present the case before the Division; or
(B) For a subpoena of a witness, the appellant or the agency has established that either a representative of the Department or a private individual possesses information that is pertinent and necessary for disclosure of all relevant facts which could impact the final determination, that the information cannot be obtained except through testimony of the person, and that the testimony cannot be obtained absent issuance of a subpoena.

(iv) The party requesting issuance of a subpoena shall arrange for service. Service of a subpoena upon a person named therein may be made by registered or certified mail, or in person. Personal service shall be made by personal delivery of a copy of the subpoena to the person named therein by any person who is not a party and who is not less than 19 years of age. Proof of service shall be made by filing with the Hearing Officer or Director who issued the subpoena a statement of the date and manner of service and of the names of the persons served, certified by the person who made the service in person or by return receipts for certified or registered mail.

(v) A party who requests that a subpoena be issued shall be responsible for the payment of any reasonable travel and subsistence costs incurred by the witness in connection with his or her appearance and any fees of a person who serves the subpoena in person. The Department shall pay the costs associated with the appearance of a Department employee whose role as a witness arises out of his or her performance of official duties, regardless of which party requested the subpoena.

The failure to make payment of such charges on demand may be deemed by the Hearing Officer or Director as sufficient ground for striking the testimony of the witness and the evidence the witness has produced.

(vi) If a person refuses to obey a subpoena, the Director, acting through the Office of the General Counsel of the Department and the Department of Justice, may apply to the United States District Court in the jurisdiction where that person resides to have the subpoena enforced as provided in the Federal Rules of Civil Procedure (28 U.S.C. App.).

(3) Testimony required by subpoena pursuant to paragraph (a)(2) of this section may, at the discretion of the Director or a Hearing Officer, be presented at the hearing either in person or telephonically.
(b) **Hearing procedures applicable to both record review and hearings.**

(1) Upon the filing of an appeal under this part of an adverse decision by any agency, the agency promptly shall provide the Division with a copy of the agency record. If requested by the appellant prior to the hearing, a copy of such agency record shall be provided to the appellant by the agency within 10 days of receipt of the request by the agency.

(2) The Director shall assign the appeal to a Hearing Officer and shall notify the appellant and agency of such assignment. The notice also shall advise the appellant and the agency of the documents required to be submitted under paragraph (c)(2) of this section, and notify the appellant of the option of having a hearing by telephone.

(3) The Hearing Officer will receive evidence into the hearing record without regard to whether the evidence was known to the agency officer, employee, or committee making the adverse decision at the time the adverse decision was made.

c) **Procedures applicable only to hearings.**

(1) Upon a timely request for a hearing under Sec. 11.6(b), an appellant has the right to have a hearing by the Division on any adverse decision within 45 days after the date of receipt of the request for the hearing by the Division.

(2) The Hearing Officer shall set a reasonable deadline for submission of the following documents:

(i) By the appellant:

(A) A short statement of why the decision is wrong;

(B) A copy of any document not in the agency record that the appellant anticipates introducing at the hearing; and

(C) A list of anticipated witnesses and brief descriptions of the evidence such witnesses will offer.

(ii) By the agency:

(A) A copy of the adverse decision challenged by the appellant;

(B) A written explanation of the agency's position, including the regulatory or statutory basis therefor;

(C) A copy of any document not in the agency record that the agency anticipates introducing at the hearing; and
(D) A list of anticipated witnesses and brief descriptions of the evidence such witnesses will offer.

(3) Not less than 14 days prior to the hearing, the Division must provide the appellant, the authorized representative, and the agency a notice of hearing specifying the date, time, and place of the hearing. The hearing will be held in the State of residence of the appellant, as determined by the Hearing Officer, or at a location that is otherwise convenient to the appellant, the agency, and the Division. The notice also shall notify all parties of the right to obtain an official record of the hearing.

(4) Pre-hearing conference. Whenever appropriate, the Hearing Officer shall hold a pre-hearing conference in order to attempt to resolve the dispute or to narrow the issues involved. Such pre-hearing conference shall be held by telephone unless the Hearing Officer and all parties agree to hold such conference in person.

(5) Conduct of the hearing.

(i) A hearing before a Hearing Officer will be in person unless the appellant agrees to a hearing by telephone.

(ii) The hearing will be conducted by the Hearing Officer in the manner determined by the Division most likely to obtain the facts relevant to the matter or matters at issue. The Hearing Officer will allow the presentation of evidence at the hearing by any party without regard to whether the evidence was known to the officer, employee, or committee of the agency making the adverse decision at the time the adverse decision was made. The Hearing Officer may confine the presentation of facts and evidence to pertinent matters and exclude irrelevant, immaterial, or unduly repetitious evidence, information, or questions.

Any party shall have the opportunity to present oral and documentary evidence, oral testimony of witnesses, and arguments in support of the party's position; controvert evidence relied on by any other party; and question all witnesses. When appropriate, agency witnesses requested by the appellant will be made available at the hearing. Any evidence may be received by the Hearing Officer without regard to whether that evidence could be admitted in judicial proceedings.
(iii) An official record shall be made of the proceedings of every hearing. This record will be made by an official tape recording by the Division. In addition, either party may request that a verbatim transcript be made of the hearing proceedings and that such transcript shall be made the official record of the hearing. The party requesting a verbatim transcript shall pay for the transcription service, shall provide a certified copy of the transcript to the Hearing Officer free of charge, and shall allow any other party desiring to purchase a copy of the transcript to order it from the transcription service.

(6) Absence of parties.

(i) If at the time scheduled for the hearing either the appellant or the agency representative is absent, and no appearance is made on behalf of such absent party, or no arrangements have been made for rescheduling the hearing, the Hearing Officer has the option to cancel the hearing unless the absent party has good cause for the failure to appear. If the Hearing Officer elects to cancel the hearing, the Hearing Officer may:

(A) Treat the appeal as a record review and issue a determination based on the agency record as submitted by the agency and the hearing record developed prior to the hearing date;

(B) Accept evidence into the hearing record submitted by any party present at the hearing, and then issue a determination; or

(C) Dismiss the appeal.

(ii) When a hearing is cancelled due to the absence of a party, the Hearing Officer will add to the hearing record any additional evidence submitted by any party present, provide a copy of such evidence to the absent party or parties, and allow the absent party or parties 10 days to provide a response to such additional evidence for inclusion in the hearing record.

(iii) Where an absent party has demonstrated good cause for the failure to appear, the Hearing Officer shall reschedule the hearing unless all parties agree to proceed without a hearing.

(7) Post-hearing procedure. The Hearing Officer will leave the hearing record open after the hearing for 10 days, or for such other period of time as the Hearing Officer shall establish, to allow the submission of information by the appellant or the agency, to the extent necessary to respond to new facts, information, arguments, or evidence presented or raised at the hearing. Any such new information will be added by the Hearing Officer to the hearing record and sent to the other party or parties by the submitter of the information. The Hearing Officer, in his or her discretion, may permit the other party or parties to respond to this post-hearing submission.
(d) **Interlocutory review.** Interlocutory review by the Director of rulings of a Hearing Officer are not permitted under the procedures of this part.

(e) **Burden of proof.** The appellant has the burden of proving that the adverse decision of the agency was erroneous by a preponderance of the evidence.

(f) **Timing of issuance of determination.** The Hearing Officer will issue a notice of the determination on the appeal to the named appellant, the authorized representative, and the agency not later than 30 days after a hearing or the closing date of the hearing record in cases in which the Hearing Officer receives additional evidence from the agency or appellant after a hearing. In the case of a record review, the Hearing Officer will issue a notice of determination within 45 days of receipt of the appellant's request for a record review. Upon the Hearing Officer's request, the Director may establish an earlier or later deadline. A notice of determination shall be accompanied by a copy of the procedures for filing a request for Director review under Sec. 11.9. If the determination is not appealed to the Director for review under Sec. 11.9, the notice provided by the Hearing Officer shall be considered to be a notice of a final determination under this part.

§ 11.9 **Director review of determinations of Hearing Officers.**

(a) **Requests for Director review.**

(1) Not later than 30 days after the date on which an appellant receives the determination of a Hearing Officer under Sec. 11.8, the appellant must submit a written request, signed personally by the named appellant, to the Director to review the determination in order to be entitled to such review by the Director. Such request shall include specific reasons why the appellant believes the determination is wrong.

(2) Not later than 15 business days after the date on which an agency receives the determination of a Hearing Officer under Sec. 11.8, the head of the agency may make a written request that the Director review the determination. Such request shall include specific reasons why the agency believes the determination is wrong, including citations of statutes or regulations that the agency believes the determination violates. Any such request may be made by the head of an agency only, or by a person acting in such capacity, but not by any subordinate officer of such agency.

(3) A copy of a request for Director review submitted under this paragraph (a) shall be provided simultaneously by the submitter to each party to the appeal.
(b) Notification of parties. The Director promptly shall notify all parties of receipt of a request for review.

(c) Responses to request for Director review. Other parties to an appeal may submit written responses to a request for Director review within 5 business days from the date of receipt of a copy of the request for review.

(d) Determination of Director.

(1) The Director will conduct a review of the determination of the Hearing Officer using the agency record, the hearing record, the request for review, any responses submitted under paragraph (c) of this section, and such other arguments or information as may be accepted by the Director, in order to determine whether the decision of the Hearing Officer is supported by substantial evidence. Based on such review, the Director will issue a final determination notice that upholds, reverses, or modifies the determination of the Hearing Officer.

The Director's determination upon review of a Hearing Officer's decision shall be considered to be the final determination under this part and shall not be appealable. However, if the Director determines that the hearing record is inadequate or that new evidence has been submitted, the Director may remand all or a portion of the determination to the Hearing Officer for further proceedings to complete the hearing record or, at the option of the Director, to hold a new hearing.

(2) The Director will complete the review and either issue a final determination or remand the determination not later than--

   (i) 10 business days after receipt of the request for review, in the case of a request by the head of an agency; or

   (ii) 30 business days after receipt of the request for review, in the case of a request by an appellant.

(3) In any case or any category of cases, the Director may delegate his or her authority to conduct a review under this section to any Deputy or Associate Directors of the Division. In any case in which such review is conducted by a Deputy or Associate Director under authority delegated by the Director, the Deputy or Associate Director's determination shall be considered to be the determination of the Director under this part and shall be final and not appealable.

(e) Equitable relief. In reaching a decision on an appeal, the Director shall have the authority to grant equitable relief under this part in the same manner and to the same extent as such authority is provided an agency under applicable laws and regulations.
§ 11.10 Basis for determinations.

(a) In making a determination, the Hearing Officers and the Director are not bound by previous findings of facts on which the agency's adverse decision was based.

(b) In making a determination on the appeal, Hearing Officers and the Director shall ensure that the decision is consistent with the laws and regulations of the agency, and with the generally applicable interpretations of such laws and regulations.

(c) All determinations of the Hearing Officers and the Director must be based on information from the case record, laws applicable to the matter at issue, and applicable regulations published in the Federal Register and in effect on the date of the adverse decision or the date on which the acts that gave rise to the adverse decision occurred, whichever date is appropriate under the applicable agency program laws and regulations.

§ 11.11 Reconsideration of Director determinations.

(a) Reconsideration of a determination of the Director may be requested by the appellant or the agency within 10 days of receipt of the determination. The Director will not consider any request for reconsideration that does not contain a detailed statement of a material error of fact made in the determination, or a detailed explanation of how the determination is contrary to statute or regulation, which would justify reversal or modification of the determination.

(b) The Director shall issue a notice to all parties as to whether a request for reconsideration meets the criteria in paragraph (a) of this section. If the request for reconsideration meets such criteria, the Director shall include a copy of the request for reconsideration in the notice to the non-requesting parties to the appeal. The non-requesting parties shall have 5 days from receipt of such notice from the Director to file a response to the request for reconsideration with the Director.

(c) The Director shall issue a decision on the request for reconsideration within 5 days of receipt of responses from the non-requesting parties. If the Director's decision upon reconsideration reverses or modifies the final determination of the Director rendered under Sec. 11.9(d), the Director's decision on reconsideration will become the final determination of the Director under Sec. 11.9(d) for purposes of this part.
§ 11.12 Effective date and implementation of final determinations of the Division.

(a) On the return of a case to an agency pursuant to the final determination of the Division, the head of the agency shall implement the final determination not later than 30 days after the effective date of the notice of the final determination.

(b) A final determination will be effective as of the date of filing of an application, the date of the transaction or event in question, or the date of the original adverse decision, whichever is applicable under the applicable agency program statutes or regulations.

§ 11.13 Judicial review.

(a) A final determination of the Division shall be reviewable and enforceable by any United States District Court of competent jurisdiction in accordance with chapter 7 of title 5, United States Code.

(b) An appellant may not seek judicial review of any agency adverse decision appealable under this part without receiving a final determination from the Division pursuant to the procedures of this part.

§ 11.14 Filing of appeals and computation of time.

(a) An appeal, a request for Director review, or any other document will be considered "filed" when delivered in writing to the Division, when postmarked, or when a complete facsimile copy is received by the Division.

(b) Whenever the final date for any requirement of this part falls on a Saturday, Sunday, Federal holiday, or other day on which the Division is not open for the transaction of business during normal working hours, the time for filing will be extended to the close of business on the next working day.

(c) The time for filing an appeal, a request for Director review, or any other document expires at 5:00 p.m. local time at the office of the Division to which the filing is submitted on the last day on which such filing may be made.
APPENDIX 5

(This Appendix was intentionally left blank.)
APPENDIX 7

STATE SUPPLEMENTS

Refer to State Supplements.
APPENDIX 8

SECTION 306C WWD GRANTS TO INDIVIDUALS

I. GENERAL. This appendix sets forth the policies and procedures for making initial and subsequent Water and Waste Disposal (WWD) grants to individuals authorized by Section 306C(b) of the Consolidated Farm and Rural Development Act (7 U.S.C. 1926(c)), as amended. The objective of the Section 306C WWD individual grant program is to facilitate the use of community water and/or waste disposal systems by the residents of colonias along the U.S./Mexico border. WWD grants are processed similarly to Section 504 grants, except as modified by this appendix.

II. DEFINITIONS. The following definitions apply to this appendix.

(a) **Colonia.** Any identifiable community designated in writing by the State or county in which it is located; determined to be a colonia on the basis of objective criteria including lack of potable water supply, lack of adequate sewage systems, lack of decent, safe, and sanitary housing, and inadequate roads and drainage; and existed and was generally recognized as a colonia before October 1, 1989.

(b) **Individual.** Resident of a colonia located in a rural area.

(c) **Rural areas.** Includes unincorporated areas and any city or town with a population not in excess of 10,000 inhabitants according to the most recent decennial census of the United States.

(d) **System.** A community or central water supply or waste disposal system.

III. GRANT PURPOSES. Grant funds may be used to pay the reasonable costs for individuals to:

(a) Extend service lines from the system to a residence;

(b) Connect service lines to a residence’s plumbing;

(c) Pay reasonable charges or fees for connecting to a system;
(d) Pay for necessary installation of plumbing and related fixtures within dwellings lacking such facilities (this is limited to one bath tub, sink, commode, kitchen sink, water heater, and outside spigot); and

(e) Construct and/or partition off a portion of the dwelling for a bathroom, not to exceed 4.6 square meters (48 square feet) in size.

IV. GRANT RESTRICTIONS

(a) Maximum grant

(1) Maximum grant to any individual for water service lines, connections, and/or construction of a bathroom is $3,500.

(2) Maximum grant to any individual for sewer service lines, connections, and/or construction of a bathroom is $4,000.

(3) Lifetime assistance to any individual for initial or subsequent Section 306C WWD grants may not exceed a cumulative total of $5,000.

(4) Document the amount of assistance provided each grantee on a list of Section 306C WWD recipients and retain it in the office operational file. Maintenance of the list will permit destruction of closed Section 306C WWD assistance case folders as prescribed in §2033.10(b)(4)(i) of RD Instruction 2033-A. The list must include the following information recorded at the time a Section 306C WWD grant is made:

   (i) Grantee name, address, and case number;

   (ii) Name of co-grantees, if any;

   (iii) Amount of the grant; and

   (iv) Date grant was made.
(b) **Limitation on use of grant funds.** Section 306C WWD grant funds **may not** be used to:

(1) Pay any debt of obligation of the grantee other than obligations incurred for items listed in Section III of this appendix;

(2) Pay individuals for their own labor; or

(3) Pay costs that are not considered reasonable by the Agency.

V. **ELIGIBILITY REQUIREMENTS.** Section 306C WWD applicants must meet the following requirements (applicants need not be age 62 or older):

(a) Own a dwelling located in a colonia and must present evidence of ownership (see Chapter 12 for requirements).

(b) Have a total taxable income based on the latest Federal income tax form from all individuals residing in the household that is below the most recent poverty income guidelines established by the Department of Health and Human Services; and

(c) Must not be delinquent on any Federal debt.
APPENDIX 9
HUD INCOME LIMITS

AVAILABLE ONLINE AT:

### I. BACKGROUND

<table>
<thead>
<tr>
<th>(1) Case Number:</th>
<th>(2) Borrower Name/ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(3) Proposed Liquidation Option:</th>
<th>(4) Calculation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(5) Estimated Holding Period¹:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### II. CALCULATION OF NET RECOVERY VALUE

<table>
<thead>
<tr>
<th>(6) Market Value (use current appraisal)</th>
<th>(6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(7) Deductions from Market Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Prior liens to be paid by the Agency</td>
</tr>
<tr>
<td>B. Junior liens to be paid by Agency (N/A for foreclosures)</td>
</tr>
<tr>
<td>C. Selling expenses to be paid by Agency ²</td>
</tr>
<tr>
<td>D. Holding costs ³</td>
</tr>
<tr>
<td>E. Depreciation During Holding Period</td>
</tr>
<tr>
<td>F. Administrative Costs ⁴</td>
</tr>
<tr>
<td>G. Management Costs ⁵</td>
</tr>
<tr>
<td>H. Total Reductions (sum of items 7A through 7G)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(8) Additions to Present Market Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Appreciation during holding period</td>
</tr>
<tr>
<td>B. Income during holding period</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(9) NET RECOVERY VALUE (6 minus Item 7G plus Item 8C)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

¹To calculate holding period use number of months from calculation to:
- filing the release, for release of valueless lien
- closing of new loan and payoff, for refinancing
- closing of loan or transfer and assumption, for sales
- filing warranty deed for deed-in-lieu of foreclosure
- payoff and release for debt settlement offer subsequent to acceleration
- filing of deed and expiration of redemption rights, for foreclosures
- plus the time for marketing and disposition, if acquired

² Selling expenses; advertising, commissions for selling agents, required seller certifications, surveys, points, closing costs if to be paid by RHS.

³ Holding costs: monthly interest accrual multiplied by number of months in the holding period.

⁴ Administrative costs: costs of liquidation, including Attorney and other fees, such as filing, recordation, advertising, document service that are customarily incurred in a liquidation or foreclosure action and payment of prior liens.

⁵ Management Costs: cost of cleaning, securing and maintaining the property during the holding period, including utilities, real estate taxes and other assessments accruing for custodial or REO properties.
APPENDIX 12

(This Appendix was intentionally left blank.)
APPENDIX 13

(This Appendix was intentionally left blank.)
**APPENDIX 14**

**VERIFICATIONS**

---

**VERIFICATION OF PENSIONS AND ANNUITIES**

**REQUEST FOR INFORMATION**

Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower’s Certification and Authorization provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call __________________ at __________________.

<table>
<thead>
<tr>
<th><strong>APPLICANT IDENTIFICATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>REQUESTED INFORMATION</strong></th>
</tr>
</thead>
</table>

**A. INCOME FROM ANNUITIES**

1. $ ____________ Current monthly gross amount received. Will the applicant continue to receive this monthly amount for the next twelve months? ___ Yes ___ No If, no please explain.

2. Describe any deductions from the gross amount that are taken.

**B. VERIFICATION OF ASSETS**

1. $ ____________ Current market value of assets held in the retirement or pension plan.

2. Can the applicant withdraw amounts from the retirement account without retiring or terminating employment? _____ Yes _____ No. If yes, explain the terms of the withdrawal, including any penalties.

3. Can the applicant borrow against amounts in the retirement account? ___ Yes ___ No If yes, explain the terms (maximum amount, interest rate, repayment term, purposes, etc.)

<table>
<thead>
<tr>
<th><strong>VERIFIER INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:______________________</td>
</tr>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

(Signature)

**WARNING:** Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)
### VERIFICATION OF STUDENT INCOME AND EXPENSES

**REQUEST FOR INFORMATION**
Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower’s Certification and Authorization provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call ______________ at ____________________.

#### APPLICANT IDENTIFICATION
<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

#### REQUESTED INFORMATION

1. Describe any financial assistance the above-reference student receives.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Source</th>
<th>Purpose for Which Funds May Be Used</th>
</tr>
</thead>
</table>

2. Describe any expenses the above-referenced student has for:

<table>
<thead>
<tr>
<th>$</th>
<th>Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Housing</td>
</tr>
<tr>
<td>$</td>
<td>Books</td>
</tr>
<tr>
<td>$</td>
<td>Supplies and Equipment</td>
</tr>
<tr>
<td>$</td>
<td>Transportation</td>
</tr>
<tr>
<td>$</td>
<td>Misc. Personal Expenses</td>
</tr>
<tr>
<td>$</td>
<td>Total</td>
</tr>
</tbody>
</table>

#### VERIFIER INFORMATION: Please sign this verification form and print the name, address and telephone number of the verifier.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>(Signature)</td>
<td>Telephone Number:</td>
</tr>
</tbody>
</table>

#### WARNING: Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)
**VERIFICATION OF MEDICAL EXPENSES**

**REQUEST FOR INFORMATION**

Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower’s Certification and Authorization provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call ______________ at ____________________.

---

**APPLICANT IDENTIFICATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

**REQUESTED INFORMATION**

1. Please list the purpose of any accumulated medical bills, identify to whom the amount is owed, and provide the amount to be paid during the coming 12 months.

<table>
<thead>
<tr>
<th>Amount Owed To</th>
<th>Medical Expenses for</th>
</tr>
</thead>
</table>

2. Medical Insurance Premiums

<table>
<thead>
<tr>
<th>$___________ Amount Paid</th>
<th>Payment Period: __ per month, ___ per year</th>
</tr>
</thead>
</table>

3. Medical Insurance Premiums

<table>
<thead>
<tr>
<th>$___________ Amount Paid</th>
<th>Payment period: __ per month, ___ per year</th>
</tr>
</thead>
</table>

---

**VERIFIER INFORMATION**: Please sign this verification form and print the name, address and telephone number of the verifier.

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Title: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Telephone Number: _______________</td>
</tr>
</tbody>
</table>

**WARNING**: Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)
## VERIFICATION OF SOCIAL SECURITY BENEFITS

### REQUEST FOR INFORMATION

Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower’s Certification and Authorization provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call ________________ at ____________________.

### APPLICANT IDENTIFICATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### REQUESTED INFORMATION

#### Social Security Data

<table>
<thead>
<tr>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross Monthly Social Security Benefit Amount, Type of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross Monthly Supplemental Security Income Payment Amount (including State Supplement) Type of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of Monthly Deductions for Medicare Paid by the Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### VERIFIER INFORMATION

Please sign this verification form and print the name, address and telephone number of the verifier.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Signature)

### WARNING

Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)
# Verification of Public Assistance

**Request for Information**

Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower’s Certification and Authorization provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call ________________ at ________________.

<table>
<thead>
<tr>
<th>APPLICANT IDENTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name _____________________</td>
</tr>
</tbody>
</table>

## Requested Information

<table>
<thead>
<tr>
<th>Item</th>
<th>Rate Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aid to Families with Dependent Children</td>
<td>$ ____________</td>
</tr>
<tr>
<td>General Assistance</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Does this amount include Court Awarded Support Payments</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Amount Specifically Designated for Shelter and Utilities</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Other Assistance - Type:</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Total Monthly Grant</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Other Income - Source:</td>
<td>$ ____________</td>
</tr>
<tr>
<td>*Maximum Allowance for Rent and Utilities</td>
<td>$ ____________</td>
</tr>
<tr>
<td>Amount of Public Assistance given during the past 12 months</td>
<td>$ ____________</td>
</tr>
</tbody>
</table>

## Verifier Information

Please sign this verification form and print the name, address and telephone number of the verifier.

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Title: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Telephone Number: __________________</td>
</tr>
<tr>
<td>(Signature)</td>
<td></td>
</tr>
</tbody>
</table>

**Warning:** Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)
**REQUEST FOR INFORMATION**

Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower’s Certification and Authorization, provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call _______________ at ________________.

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>Name: _________________________________</th>
<th>Name: _________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ______________________________</td>
<td>Company (if applicable): _________________</td>
</tr>
<tr>
<td></td>
<td>Address: ______________________________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CAREGIVER INFORMATION**

<table>
<thead>
<tr>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>The name and age of the applicant's dependent(s) under your care: ________________________________</td>
</tr>
<tr>
<td>Frequency and Cost of Care:</td>
</tr>
<tr>
<td>In a typical week:</td>
</tr>
<tr>
<td>How many hours of care do you provide the applicant's dependent(s)? ______</td>
</tr>
<tr>
<td>What days do you provide care (check the appropriate days)? Sun Mon Tue Wed Thurs Fri Sat</td>
</tr>
<tr>
<td>During extended school holidays/breaks:</td>
</tr>
<tr>
<td>How many hours of care do you provide the applicant's dependent(s) per week? ______</td>
</tr>
<tr>
<td>What days do you provide care (check the appropriate days)? Sun Mon Tue Wed Thurs Fri Sat</td>
</tr>
<tr>
<td>For the services provided, the average amount charged is: $________ per week month (check the appropriate billing period)</td>
</tr>
<tr>
<td>For expected services to be provided during the next 12 months, the total expected cost is: $________ for the next 12 months</td>
</tr>
<tr>
<td>If any of the amount charged is paid for or reimbursed by an outside source (public services, employer, etc.), the amount covered by an outside source is: $________ per week month (check the appropriate billing period).</td>
</tr>
<tr>
<td>Indicate the number of years you have:</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Known applicant ____</td>
</tr>
<tr>
<td>Provided services to applicant ____</td>
</tr>
</tbody>
</table>

How would you rate the applicant’s promptness in making payments in the previous 24 months?

<table>
<thead>
<tr>
<th>Advance</th>
<th>On Time</th>
<th>Late</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate the number of times payments were late in the previous 24 months:

<table>
<thead>
<tr>
<th>30 Days</th>
<th>60 Days</th>
<th>90 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use this space to include any comments you wish to make concerning your experience with the applicant’s payment history.

---

**VERIFIER INFORMATION:**

Name: ____________________________ Date: ____________________________
Telephone Number: ____________________________

(Signature)
Title: ____________________________

**WARNING:** Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code).
# Verification of Unemployment Benefits

## Request for Information

Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower’s Certification and Authorization provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call ________________ at ________________.

## Applicant Identification

<table>
<thead>
<tr>
<th>Name _________________________________</th>
<th>Social Security Number__________________</th>
</tr>
</thead>
</table>

## Requested Information

1. Are benefits being paid now?  
   - Yes  
   - No

2. If yes, what is Gross Weekly payment?  
   - $________________

3. Date of Initial Payment  
   - __________________

4. Duration of Benefits  
   - _________________ weeks

5. Is claimant eligible for future benefits?  
   - Yes  
   - No

6. If yes, How many weeks?  
   - _________________

7. If no, what is termination date of benefits?  
   - _________________

## Verifier Information

- Please sign this verification form and print the name, address and telephone number of the verifier.

<table>
<thead>
<tr>
<th>Name:________________________________</th>
<th>Title:________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________________________</td>
<td>Telephone Number:____________________</td>
</tr>
</tbody>
</table>

**Warning:** Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)
VERIFICATION OF BUSINESS EXPENSES

REQUEST FOR INFORMATION
Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower’s Certification and Authorization provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call ________________ at ________________.

APPLICANT IDENTIFICATION
Name _________________________________ Social Security Number__________________

REQUESTED INFORMATION
Based on business transacted during ________________ 20__, to ________________ 20__

1. Gross Income        $________________
2. Expenses:
   (a) Interest on Loans     $________________
   (b) Cost of Goods/Materials    $________________
   (c) Rent       $________________
   (d) Utilities                    $________________
   (e) Wages/Salaries             $________________
   (f) Employee Contributions                  $________________
   (g) Federal Withholding Tax    $________________
   (h) State Withholding Tax        $________________
   (i) FICA                             $________________
   (j) Sales Tax                      $________________
   (k) Other                                         $________________
   (l) Straight Line Depreciation    $________________
      Total Expenses     $________________
3. Net Income        $________________

VERIFIER INFORMATION: Please sign this verification form and print the name, address and telephone number of the verifier.
Name:________________________________ Title:_______________________________________
______________________________________ Telephone Number:____________________
(Signature)

WARNING: Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)
### VERIFICATION OF SUPPORT PAYMENTS

**REQUEST FOR INFORMATION**

Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form 3550-1, Borrower’s Certification and Authorization provides the applicant's authorization.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call ______________ at ____________________.

<table>
<thead>
<tr>
<th>APPLICANT IDENTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ____________________</td>
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<table>
<thead>
<tr>
<th>REQUESTED INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Paying Support: ______________________________________________________</td>
</tr>
<tr>
<td>Address: __________________________________________________________</td>
</tr>
<tr>
<td>( ) Former Spouse</td>
</tr>
<tr>
<td>( ) Children</td>
</tr>
<tr>
<td>Children Names are: __________________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________________</td>
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<td>__________________________________________________________</td>
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</tbody>
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Amount of Support

$________________

[ ] Week, [ ] Month, [ ] Year

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<thead>
<tr>
<th>VERIFIER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________________________ Title: ________________________________</td>
</tr>
<tr>
<td>_________________________ Telephone Number: ___________________________</td>
</tr>
<tr>
<td>(Signature)</td>
</tr>
</tbody>
</table>

**WARNING:** Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)
**RECORD OF ORAL VERIFICATION**

<table>
<thead>
<tr>
<th><strong>APPLICANT INFORMATION</strong></th>
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<tbody>
<tr>
<td>Re:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Date Received:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>INFORMATION VERIFIED</strong></th>
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</thead>
<tbody>
<tr>
<td>Item Verified:</td>
</tr>
<tr>
<td>Person Contacted:</td>
</tr>
<tr>
<td>Representing:</td>
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</tbody>
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<table>
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<tr>
<th><strong>INFORMATION SUPPLIED</strong></th>
</tr>
</thead>
</table>

Signature of Person Receiving Verification  
Date and Time

**WARNING:** Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)