REQUEST FORMS
Training Objectives

• Forms
  - 1003 Uniform Residential Loan Application
  - 3555-21 Request for Single Family Housing Guarantee
Request Forms
Forms

(Select form to viewprint)

☐ 1003 Uniform Residential Loan Application
☐ 3506-21 Request for Single Family Housing Loan Guarantee

(You may check 1 or 2 borrowers at a time to viewprint.)

Borrower
☐ Homeowner, John
☐ Homeowner, Mary

Display Form

Request Forms are prepared in Adobe® Acrobat® Portable Document Format (PDF) and require the free Adobe Acrobat Reader software to view. The downloadable Acrobat Reader software is available at NO CHARGE from the Adobe Systems Inc. site.
Forms

(Select form to view/print)

- 1003 Uniform Residential Loan Application
- 3555-21 Request for Single Family Housing Loan Guarantee

(You may check 1 or 2 borrowers at a time to view/print.)

- Homeowner, John
- Homeowner, Mary

Display Form
Match data to GUS entries
Match data to GUS entries
8
Common Issues: Data missing/does not match

- Loan amount
- Interest rate
- Income (annual, adjusted, and repayment)
- Number of household members
- No signatures
- Blank data fields applicable to request
**WORKSHEET FOR DOCUMENTING ELIGIBLE HOUSEHOLD AND REPAYMENT INCOME**

Lender Instructions: Determine eligible household income for the Single Family Housing Guaranteed Loan Program (SFHGLP) by documenting all sources/types of income for all household members. Qualify the loan by documenting all components of income that are stable and dependable without incurring the loan.

<table>
<thead>
<tr>
<th>Identity all Household Members</th>
<th>Age</th>
<th>Full-time Student Y/N?</th>
<th>Disabled Y/N?</th>
<th>Received Income Y/N?</th>
<th>Source of Income</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**ANNUAL INCOME CALCULATION** (Consider annualized income for the past 12 months for all adult household members as described in HB-1-3555, Paragraph 3.5. For income transactions/income bursts: [http://www.official.usda.gov/RR/files/pdf/incomeburst_ing.pdf](http://www.official.usda.gov/RR/files/pdf/incomeburst_ing.pdf))

1. Applicant (Wages, salary, self-employment, commissions, bonuses, tips, allowances, child support, public assistance, social security disability, social security, etc.): Calculate and record how the calculation of each income component was determined in the space below.  
   
2. Co-Applicant (Wages, salary, self-employment, commissions, bonuses, tips, allowances, child support, public assistance, social security disability, social security, etc.): Calculate and record how the calculation of each income component was determined in the space below.  
   
3. Additional income to Primary Income (Automobile Allowance, Mortgage Differential, Military, Secondary Employment, Sworn Law Enforcement, Unemployment/Unemployment Insurance) and other income that is considered for income purposes was determined in the space below.  
   
4. Additional Adult Household Members: (1) who are not a Party to the Note, (2) primary employee not wages, self-employment, additional income to primary employees, other income): Calculate and record how the calculation of each income component was determined in the space below.  
   
5. Income from Assets: Income from household assets as described in HB-1-3555, Chapter 3. Calculate and record how the calculation of each income component was determined in the space below.  
   
6. Annual Household Income (Total Income)

**ADJUSTED INCOME CALCULATION** (Consider qualifying deductions as described in HB-1-3555, Paragraph 3.5)

7. Dependent Deduction: $5,420 for each child under age 18, or full-time student attending school or disabled family member over the age of 13. Adjusted Income: $5420

8. Annual Child Care Expenses (Reasonable expenses for children 13 and under): Calculate and record the calculation of the deduction in the space below.

9. Elderly/Disabled Household: (If household deduction of $400 if 5 years of age or older, or disabled and a party to the note)

10. Disability (Unemployment or medical expenses in excess of 2% of annual income. See HB-1-3555, Paragraph 3.5 for eligibility): Calculate and record the calculation of the deduction in the space below.

11. Medical Expenses: (Medical expenses in excess of 2% of annual income. See HB-1-3555, Paragraph 3.5 for further information) Calculate and record the calculation of the deduction in the space below.

12. Total Household Deductions (Enter total 7 through 11) $10

13. Adjusted Annual Income (Total Income minus Total Deductions) $10

Moderate Income Limit: $10

Income cannot exceed Moderate Income Limit to be eligible for SFHGLP $10
Match data to GUS entries

<table>
<thead>
<tr>
<th>Category</th>
<th>Borrower</th>
<th>Co-Borrower</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Base Income</strong></td>
<td>$</td>
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<td>$</td>
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<tr>
<td>Calculation of Base Income:</td>
<td></td>
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<tr>
<td><strong>Other Income</strong></td>
<td>$</td>
<td></td>
<td>$</td>
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<tr>
<td>Calculation of Other Income:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

15. Monthly Repayment Income (Enter total of 14)

Prepared by (Signature): 
Name (Print): 
Title: 
Lender: 
Date: 

Prepared by: 
Name: 
Title: 
Lender: 
Date: 

Taxes ID: 

Match data to GUS entries
Common Issues: Data missing/does not match

- Household information
- Different calculations from GUS
- Missing calculations
- Missing signature
- Blank data fields applicable to request
Thank you for supporting the USDA Single Family Housing Guaranteed Loan Program!
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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