

USDA United States Department of Agriculture
Rural Development




REQUEST FORMS



1

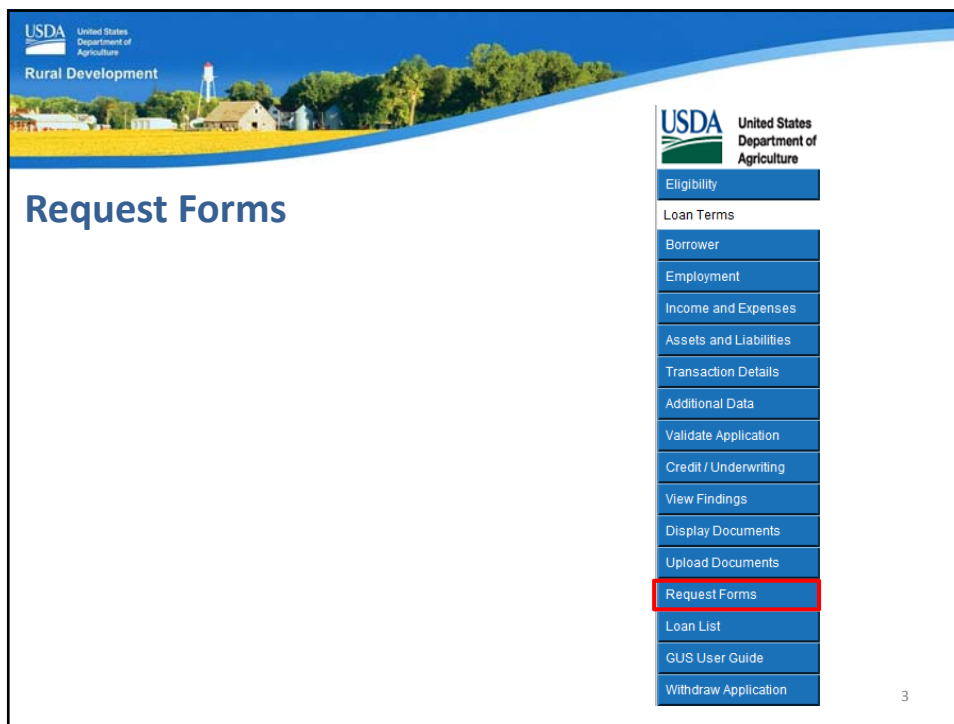
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Training Objectives

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

2

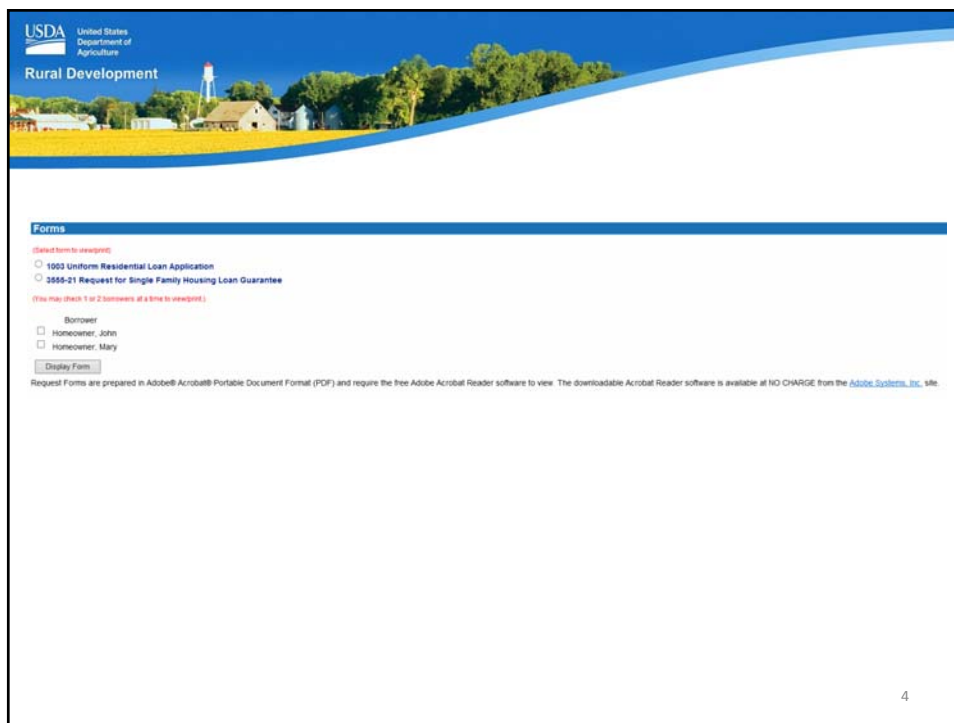


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Request Forms

- Eligibility
- Loan Terms
- Borrower
- Employment
- Income and Expenses
- Assets and Liabilities
- Transaction Details
- Additional Data
- Validate Application
- Credit / Underwriting
- View Findings
- Display Documents
- Upload Documents
- Request Forms**
- Loan List
- GUS User Guide
- Withdraw Application

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Forms

[\(Select form to view/print\)](#)

- 100 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.)

Borrower

- Homeowner, John
- Homeowner, Mary

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](#).

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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.)

Borrower

Homeowner, John

Homeowner, Mary

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Uniform Residential Loan Application

This application is required to be completed by the applicant only for regular financing. Applicants should complete the form in "Borrower" or "Co-Borrower" or "Applicant." Co-Borrower information must be provided and the appropriate form checked. Also, the income in items 11-13 must show both the Borrower's and the Co-Borrower's income and be used to verify the loan-to-value ratio. The income of all the persons named in the Borrower section must be used to verify the loan-to-value ratio. The income of all the persons named in the Co-Borrower section must be used to verify the loan-to-value ratio. The income of all the persons named in the Applicant section must be used to verify the loan-to-value ratio. The income of all the persons named in the Applicant section must be used to verify the loan-to-value ratio. The income of all the persons named in the Applicant section must be used to verify the loan-to-value ratio.

I. TYPE OF MORTGAGE AND TERMS OF LOAN											
Mortgage Number		Mortgage Type		Mortgage Type		Mortgage Type		Mortgage Type		Mortgage Type	
1003		1003		1003		1003		1003		1003	

II. PROPERTY INFORMATION AND PURPOSE OF LOAN											
Legal Description of Subject Property (print description if necessary)											
1003											

III. BORROWER INFORMATION											
Borrower Name (include S, Jr, or if applicable)						Co-Borrower Name (include S, Jr, or if applicable)					
1003						1003					

IV. EMPLOYMENT INFORMATION											
Borrower Name (include S, Jr, or if applicable)						Co-Borrower Name (include S, Jr, or if applicable)					
1003						1003					

Match data to GUS entries

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Form RD 3155-01 (Rev. 06-10) UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT RURAL HOUSING SERVICE REQUEST FOR SINGLE FAMILY HOUSING LOAN GUARANTEE

Approved Lender (CMO/ITAL) LENDING Approved Lender File No. 858811770
 Contact: Brian Lee Approved Lender E-Mail: blee@rdlywell1.lending.usda
 Phone Number: (334) 338-8922 Fax Number: (334) 338-4271
 This Party Originator (TPO) TPO Tax ID No.

Please Answer a Conditional Commitment for Single Family Housing Loan Guarantee in the following case:

Applicant Information (Please complete, circle, or mark as appropriate)	Co-Applicant Information (Please complete, circle, or mark as appropriate)
Name: <u>Bismessier, John</u>	Name: <u>Bismessier, Mary</u>
SSN: <u>***-**-0000</u> Date of Birth: <u>12-12-1968</u>	SSN: <u>***-**-2000</u> Date of Birth: <u>11-12-1971</u>
U.S. Citizen: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Resident/Qualified Alien: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Permanent Resident/Qualified Alien: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Member: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prior First Homeowner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Member: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prior First Homeowner: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity (Check only one box): <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity (Check only one box): <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(Check as many boxes as applicable) Race: <input checked="" type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	(Check as many boxes as applicable) Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
The applicant <input type="checkbox"/> has <input checked="" type="checkbox"/> does not have a relationship with any current Rural Development employee. Explain:	The applicant <input type="checkbox"/> has <input checked="" type="checkbox"/> does not have a relationship with any current Rural Development employee. Explain:
Applicant's Credit Score: <input type="checkbox"/> <input checked="" type="checkbox"/> No Score	Co-Applicant's Credit Score: <input type="checkbox"/> <input checked="" type="checkbox"/> No Score
CAWIS #	CAWIS #
ISASAM Exclusion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check Yes if you party is excluded otherwise check no) Date ISASAM Checked: <u>01-05-2017</u>	

ANY ADDITIONAL APPLICANTS MUST BE FULLY DOCUMENTED ON A SEPARATE FORM

Property Address: 837 S. 21st St. City: Dothan, AL State: AL Zip Code: 36024 County: Wilcox

Is this a Refinance Loan? No Yes If Yes, refinance loan is an RD Single Family Housing Guaranteed Loan Direct Loan

1a. Number of persons in the household: 3 % Number of dependent under age 18 or full-time students: 0

2a. Current annual income for the household is: \$65,893.00 2b. Current adjusted income for the household is: \$59,758.00 (See page 1 for exemptions)

3. PITI rate: 19.85% TOTAL DEBT ratio: 25.96%

4. We propose to loan: \$144,144.00 at 3.250% % per annual with payments (P&I) of: \$751.88 per month.

5. The interest rate is based on the: Fixed Rate on 12-31-2017 (required to be completed)

6. The interest rate is locked in until:

NOTE: If the interest rate increases at loan closing, the loan must be re-underwritten and this document must be re-certified.

7. The applicant understands that Rural Development approval of guarantee is required and is subject to the availability of funds.

8. The applicant is unable to secure the necessary conventional credit without a Rural Development guarantee upon maximum rates, terms, and conditions in which the applicant could reasonably be expected to obtain. (See 7 CFR 3005.105-1.2005 Chapter 8 and 9 for conventional credit definition)

9. Loan funds will be used for the following purpose(s):

Purchase / Refinance Acre: _____
 Financial Loan Closing Costs: _____
 Requires Other: _____
 Guarantee Fee: \$1,444.84
 Total Request: \$1,444.84

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Match data to GUS entries

USDA United States Department of Agriculture Rural Development

Form RD 3155-01 (Rev. 06-10) UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT RURAL HOUSING SERVICE REQUEST FOR SINGLE FAMILY HOUSING LOAN GUARANTEE

Approved Lender (CMO/ITAL) LENDING Approved Lender File No. 858811770
 Contact: Brian Lee Approved Lender E-Mail: blee@rdlywell1.lending.usda
 Phone Number: (334) 338-8922 Fax Number: (334) 338-4271
 This Party Originator (TPO) TPO Tax ID No.

Please Answer a Conditional Commitment for Single Family Housing Loan Guarantee in the following case:

Applicant: Bismessier, John Co-Applicant: Bismessier, Mary

Certifications CERTIFICATION:

Approved Lender Certification

In order to induce the Agency to issue the requested guarantee, we certify that we have originated the loan in compliance with all Agency loan requirements. This form contains or is supplemented with all information required by 7 CFR 8.3005-107(a) and further defined in Chapter 15 of 7 CFR 1-2005 of 7 CFR 2005.

Lender's Authorized Representative Signature / Title: _____ Date: _____

Name of Authorized Representative: _____

Title/Company: _____

Applicant(s) Acknowledgments and Certifications

CERTIFICATION: As the applicant, I certify to the best of my knowledge and belief: (1) I am not presently delinquent, suspended, debarred, excluded, or voluntarily excluded from covered transactions by any Federal department or agency; (2) I have not within a three-year period in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) transaction or contract under a public transaction or commission or endorsement, theft, forgery, bribery, falsification, or destruction of records, making false statement, or receiving stolen property; (3) I do not have an outstanding judgment lien on any property for a debt in favor of the United States which was obtained in any Federal court other than the United States Tax Court; and (4) I am not delinquent on any outstanding debt to the Federal Government (including any Federal Tax debt).

I [we] acknowledge this loan will be subject to payment of an annual fee by the Lender. The Lender may pass this fee on to me [us]. I [we] understand that the annual fee for the first year is calculated when the loan is closed based upon the loan amount. Thereafter, the annual fee is calculated every 12 months based upon the average voluntered amortized unpaid principal balance. Billing for the annual fee will begin 12 months from the closing of the loan.

I AM (WE ARE) unable to provide the housing I (we) need on my (our) own account, and I am (we are) unable to secure the credit necessary for this purpose from other sources upon terms and conditions which I (we) can reasonably afford. I (we) certify that the statements made by me (us) in this application are true, complete and correct to the best of my (our) knowledge and belief and are made in good faith to obtain a loan.

Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

Each of the undersigned hereby acknowledges having read all pages of this document as it relates to information regarding the PRIVACY ACT and a NOTIFICATION TO APPLICANT ON USE OF FINANCIAL INFORMATION FROM FINANCIAL INSTITUTION.

Bismessier, John Print Applicant's Name Applicant's Signature _____ Date _____

Bismessier, Mary Print Applicant's Name Co-Applicant's Signature _____ Date _____

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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

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Form RD 1015-01 (Rev. 04-15)
Applicant: _____ Co-Applicant: _____

WORKSHEET FOR DOCUMENTING ELIGIBLE HOUSEHOLD AND REPAYMENT INCOME
Under the Uniformed Services University of the Health Sciences (USHS) Program (USHS-03)

Identify all Household Members	Age	Full-time Student Y/N(1)	Disabled Y/N(2)	Income Y/N(3)	Source of Income

ANNUAL INCOME CALCULATION (Consider unearned income for the total if assets for all adult household members are described in Section 2.011, Paragraph 1.1. Website for instructions and the section: <http://www.usda-rd.us.gov/RegulationsAndForms.html>)

1. Applicant (Wages, salary, self-employed commission, royalties, honoraria, tips, netting, 501(c)(3) support, pension/retirement, Social Security, disability, trust income, etc.) Calculate and record how the calculation of each income source/type was determined in the space below.
2. Co-Applicant (Wages, salary, self-employed commission, royalties, honoraria, tips, netting, 501(c)(3) support, pension/retirement, Social Security, disability, trust income, etc.) Calculate and record how the calculation of each income source/type was determined in the space below.
3. Additional Income to Primary Income (Automobile Allowance, Mortgage Interest, Military, Secondary Employment, Unemployment, etc.) Calculate and record how the calculation of each income source/type was determined in the space below.
4. Additional Adult Household Member (1) who are not a Part of the Year's Primary Employment (Wages, Salary, Self-Employed, Additional Income to Primary Employment, Other Income, etc.) Calculate and record how the calculation of each income source/type was determined in the space below.
5. Income from Assets (Income from household assets as described in 708 F-2015, Chapter 10) Calculate and record how the calculation of each income source/type was determined in the space below.

4. Annual Household Income (from through 5)

Form RD 1015-01 (Rev. 04-15)
Applicant: _____ Co-Applicant: _____

ADJUSTED INCOME CALCULATION (Consider qualifying deductions as described in 708 F-2015, Paragraph 3.0)

7. Dependent Deduction (2015 for each child under age 18, or full-time student attending school or disabled family member over the age of 18.) * \$ 0
8. Annual Child Care Expenses (Reasonable expenses for children 17 and under.) Calculate and record the calculation of the deduction in the space below. \$
9. Elderly/Disabled Household (1) household deduction of \$400 if 62 years of age or older, or disabled and a party to the home. \$
10. Disability (unreimbursed expenses in excess of 7% of annual income. See 708 F-2015, Paragraph 3.0 for eligibility.) Calculate and record the calculation of the deduction in the space below. \$
11. Medical Expenses (unreimbursed medical expenses in excess of 7% of annual income. See 708 F-2015, Paragraph 3.0 for further information.) Calculate and record the calculation of the deduction in the space below. \$

12. Total Household Deductions (from row 7 through 11) \$

13. Adjusted Annual Income (from 4 minus item 12) \$

Moderate Income Limit: _____ Date: _____ County: _____

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Rural Development

Form RD 3055-21
(Rev. 06/15)

Applicant: Shawcross, John Co Applicant: Shawcross, Mary

MONTHLY REPAYMENT INCOME CALCULATION Consider stable and dependable income of parties to the note as described in RD-3-2015, Paragraph 9.4 through 9.9.

14. Stable Dependable Monthly Income (Parties to note only) Calculate and report how the selection of best income source(s) was determined in the space below. Identify source type by party to note.


	Borrower	Co-Borrower	Total
Base Income	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
	Calculation of Base Income:	Calculation of Base Income:	
Other Income	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
	Calculation of Other Income:	Calculation of Other Income:	
Total Income	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

15. Monthly Repayment Income (Enter total of 14)

Prepared by (Signature): _____ Training ID: _____
 Name (Print): _____
 Title: _____
 Lender: _____
 Date: _____

**Match data
to GUS
entries**

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United States
Department of
Agriculture

Rural Development

Common Issues: Data missing/does not match

- Household information
- Different calculations from GUS
- Missing calculations
- Missing signature
- Blank data fields applicable to request

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Form RD 3153-11 (Jan 20-15)

Applicant: Brownlee, John Co Applicant: Brownlee, Mary

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized by the Privacy Act of 1974, as amended (5 U.S.C. 552a). This information is maintained by the Department of Agriculture, Rural Development, and the United States Department of Justice. The agency will store this information for the purposes of the program. Information requested may be used for other purposes.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Financial Institution Number may result in a denial of the processing of an application or in forfeiture. Information requested may be used for the following purposes:

1. Federal of state, home address, and telephone information in order to verify an applicant's identity, determine an applicant's residence, and provide access to financial institutions. Information may be used for credit review, loan processing, and disbursement of funds.
2. Federal of state, home address, and telephone information in order to verify an applicant's identity, determine an applicant's residence, and provide access to financial institutions. Information may be used for credit review, loan processing, and disbursement of funds.
3. Federal of state, home address, and telephone information in order to verify an applicant's identity, determine an applicant's residence, and provide access to financial institutions. Information may be used for credit review, loan processing, and disbursement of funds.
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15. Federal of state, home address, and telephone information in order to verify an applicant's identity, determine an applicant's residence, and provide access to financial institutions. Information may be used for credit review, loan processing, and disbursement of funds.
16. Federal of state, home address, and telephone information in order to verify an applicant's identity, determine an applicant's residence, and provide access to financial institutions. Information may be used for credit review, loan processing, and disbursement of funds.
17. Federal of state, home address, and telephone information in order to verify an applicant's identity, determine an applicant's residence, and provide access to financial institutions. Information may be used for credit review, loan processing, and disbursement of funds.
18. Federal of state, home address, and telephone information in order to verify an applicant's identity, determine an applicant's residence, and provide access to financial institutions. Information may be used for credit review, loan processing, and disbursement of funds.

Form RD 3153-12 (Jan 20-15)

Applicant: Brownlee, John Co Applicant: Brownlee, Mary

NOTIFICATION TO APPLICANT ON USE OF FINANCIAL INFORMATION FROM FINANCIAL INSTITUTION

Pursuant to this, a notice (1152) of Privacy Act (5 U.S.C.) was provided to you and you have been advised that the Agency is authorized to use this information for the purposes of the program. Information requested may be used for the following purposes:

As a general rule, financial records obtained pursuant to this authority may be used only for the purposes for which they were originally obtained. However, they may be furnished to another agency or program of the Agency to fulfill a public program, including, but not limited to, loan processing, disbursement, or inspection of the financial institution (processor of the records) or another legal entity not a customer. This record may also be transferred and used by the Agency to provide information to other agencies, including the Department of Justice, for the purposes of loan processing, and (2) to the Government to process, store or disclose a loan or to assist an individual in the Government resulting from a customer's default.

The Agency reserves the right to give notice of a potential and/or negative information obtained from financial records to any other agency or department of the Government with jurisdiction over that individual. Such agency or department may then seek access to the records from that individual.

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GovDelivery Sign up

https://public.govdelivery.com/accounts/USDARD/subscriber/new?qsp=USDARD_25

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

*Email Address

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Thank you for supporting the USDA Single Family Housing Guaranteed Loan Program!



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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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