

PREQUAL INFO **(Circle One)** DESOTO PANOLA QUITMAN TALLAHATCHIE TATE TUNICA
 Head of Household PLEASE PRINT. IF IT CANNOT BE READ, IT WILL BE RETURNED.

Name _____ Age _____ Social Security Number _____

Physical address of where you live right now (Credit Report Co. needs: _____)

If you receive mail at a PO Box, please enter that as your mailing address.

Mailing Address _____ Phone # _____

City _____ State _____ Zip Code _____ Date of Birth _____

Marital Status _____ Race _____ Sex _____ Hispanic Origin? Yes or No (circle one)

Wage Income (if you have a job)\$ _____ (circle one) (week, bi-weekly, month, or year?)

Employer _____ Phone # _____

Wage income should be reported before tax (gross) and not as bring home (net) amount.

Non-Wage Household Income (monthly) (Military)
 AFDC/TANF \$ _____ Child Support \$ _____ SS/SSI \$ _____ Reserves _____
 SNAPS-Food Stamps \$ _____ Foster Care \$ _____ Other Income \$ _____
 (Name Source for Other) _____

Co-Applicant

Name _____ Age _____ Social Security Number _____

Race _____ Sex _____ Relationship _____ Hispanic Origin? Yes or No (Circle one) Date of Birth _____

Wage Income \$ _____ (circle one) (week, bi-weekly, month, or year?) SS/SSI \$ _____

Employer _____ Phone # _____

Other Household Members (if name is showing above, do not enter name here)

NAME	Social Security #	Birthdate	Income \$	Income from who/what
Other Adult _____	/	/	Income \$ _____	
Other Adult _____	/	/	Income \$ _____	
Child _____	/	/	Student	yes no (CIRCLE ONE)
Child _____	/	/	Student	yes no
Child _____	/	/	Student	yes no
Child _____	/	/	Student	yes no
Child _____	/	/	Student	yes no
Child _____	/	/	Student	yes no

Debts Owed _____ Monthly Payment _____
 Rent \$ _____
 House Payment \$ _____
 Car/Truck Payment \$ _____
 Car/Truck Payment \$ _____

Child Day Care \$ _____ (per month)
 (child in day care is considered a student)

Mark your choice with an X

PURCHASE HOUSE _____ BUILD HOUSE _____ REPAIR HOUSE YOU OWN _____ REPAIR MOBILE HOME YOU OWN _____

RETURN TO: USDA, RURAL DEVELOPMENT, 175 BROOME RIDGE ROAD - SUITE B, BATESVILLE MS 38606
 Phone # - 662-578-8045, ext. 4

INSTRUCTIONS for attached - Form RD 3550-1- Due to Privacy Act.
AUTHORIZATION TO RELEASE INFORMATION. Anyone 18 years old, or older, who will live in household, must sign one of these forms. Please leave the 3 lines at top BLANK, read the form, sign ONLY ONE signature per form at bottom, and date the form.

United States Department of Agriculture
Rural Development
Rural Housing Service

Department of Agriculture

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____
Account or Other Identifying Number

Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of the process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- * Past and present employment or income records.
- * Bank account, stock holdings, and any other asset balances.
- * Past and present landlord references.
- * Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be re-notified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Signature (Applicant or Adult Household Member)

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RHS Is An Equal Opportunity Lender
SEE ATTACHED PRIVACY ACT NOTICE