

Form RD 1944-38
(Rev. 10-00)

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICE

FORM APPROVED
OMB No. 0575-0047

APPLICATION FOR COOPERATIVE HOUSING MEMBERSHIP PLEASE PRINT OR WRITE OUT CLEARLY

NOTE: Page 2 may be used if additional space is required to answer any question. If the "Co-Applicant" response in Item 2 matches answer given by "Applicant" in Item 1, please indicate answer by writing "SAME".

1. APPLICANT			2. CO-APPLICANT		
NAME	AGE		NAME	AGE	
OTHER NAMES USED WITHIN LAST 2 YEARS			OTHER NAMES USED WITHIN LAST 2 YEARS		
SOCIAL SECURITY NO.	HOME PHONE	BUSINESS PHONE	SOCIAL SECURITY NO.	HOME PHONE	BUSINESS PHONE
PRESENT ADDRESS (Street & No., City, State & Zip Code)			PRESENT ADDRESS (Street & No., City, State & Zip Code)		
FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS			FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS		
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (including single, divorced & widowed)			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (including single, divorced & widowed)		
ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER OBTAINED A LOAN FROM RD? <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU EVER OBTAINED A LOAN FROM RD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF "YES", WHEN? _____ WHERE? _____			IF "YES", WHEN? _____ WHERE? _____		
ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 items) <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 items) <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND ADDRESS OF LANDLORD			NAME AND ADDRESS OF LANDLORD		
HOW LONG HAVE YOU BEEN RENTING?	MONTHLY RENT		HOW LONG HAVE YOU BEEN RENTING?	MONTHLY RENT	
	\$			\$	
NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS			NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS		
COMPLETE NAME, ADDRESS, AND ZIP CODE OF EMPLOYER			COMPLETE NAME, ADDRESS, AND ZIP CODE OF EMPLOYER		
DATE OF EMPLOYMENT	GROSS INCOME (Check One)		DATE OF EMPLOYMENT	GROSS INCOME (Check One)	
TO	<input type="checkbox"/> ANNUAL \$ _____		TO	<input type="checkbox"/> ANNUAL \$ _____	
FROM	<input type="checkbox"/> MONTHLY \$ _____		FROM	<input type="checkbox"/> MONTHLY \$ _____	
PRESENT	<input type="checkbox"/> WEEKLY \$ _____		PRESENT	<input type="checkbox"/> WEEKLY \$ _____	
TYPE OF WORK	<input type="checkbox"/> HOURLY \$ _____		TYPE OF WORK	<input type="checkbox"/> HOURLY \$ _____	

3. IF EMPLOYED IN CURRENT POSITION FOR LESS THAN 3 YEARS GIVE PAST 3 YEARS EMPLOYMENT HISTORY

A = Applicant, C = Co-Applicant

A OR C	DATE OF EMPLOYMENT (From-To)	NAME AND ADDRESS OF EMPLOYER	TYPE OF WORK	ANNUAL GROSS INCOME	REASON FOR CHANGE

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 0575-0047. The time required to complete this information collection is estimated to average 1 hour 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.

Used by cooperative to obtain formal applications from person seeking membership in a rural cooperative housing project. When necessary, Rural Development Staff should provide assistance to cooperative in understanding how the form is to be completed by the prospective member.

(see reverse)

- PROCEDURE FOR PREPARATION : RD Instructions 1944-E
- PREPARED BY : Prospective cooperative members.
- NUMBER OF COPIES : Original only
- SIGNATURES REQUIRED : Applicant member and co-member.
- DISTRIBUTION OF COPIES : Cooperative office files borrower.

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8. HOUSEHOLD INCOME	RECEIVED LAST 12 MONTHS			PLANNED NEXT 12 MONTHS		
	APPLICANT	CO-APPLICANT	OTHER ADULTS	APPLICANT	CO-APPLICANT	OTHER ADULTS
TOTAL EARNINGS						
OTHER NON-BUSINESS INCOME (Social Security pension, welfare, child support, GI interest and dividends, etc.)						
NET BUSINESS INCOME (Gross income business expense, attach latest annual operating statement)						
ALL OTHER INCOME (Specify)						
TOTAL INCOME						

9. HOUSEHOLD EXPENSES	SPENT LAST 12 MONTHS	PLANNED NEXT 12 MONTHS
LIVING (Food, clothing, utilities, etc.)		
TAXES PAID		
CAPITAL GOODS BOUGHT FOR CASH (Furniture, TV, car, etc.)		
ALL OTHER PAYMENTS (Specify)		
TOTAL EXPENSES		

10 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 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 the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully--

- (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
 - (2) makes any materially false, fictitious, or fraudulent statement or representation; or
 - (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry;
- shall be fined under this title or imprisoned not more than 5 years, or both."

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF CO-APPLICANT (if any)	DATE

11. VOLUNTARY INFORMATION FOR MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor the Agency's compliance with Federal laws prohibiting discrimination against loan applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Agency is required to note the racial/national origin and sex of individual applicants on the basis of visual observation or surname.

APPLICANT		CO-APPLICANT	
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
ETHNICITY <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO		ETHNICITY <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ARE YOU A VETERAN OR ENTITLED TO VETERAN'S BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(This question not used for monitoring purposes)</i>	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ARE YOU A VETERAN OR ENTITLED TO VETERAN'S BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(This question not used for monitoring purposes)</i>
TO BE COMPLETED BY USDA			
DATE	SIGNATURE OF SERVICING OFFICIAL	DETERMINATION OF ELIGIBILITY <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE	RACIAL DATA PROVIDED BY <input type="checkbox"/> APPLICANT <input type="checkbox"/> RD