Dear Borrower:

It is time to review your eligibility for payment subsidy on your Rural Housing Service loan. Your current subsidy agreement will expire on It is important that you return the information requested in this letter no later than _ to continue your subsidy.

The amount of subsidy you will receive depends upon your income, the persons in your household, and in some instances, your expenses. The information requested in this letter will help us to calculate any assistance for which you qualify. Once we have received the material you provide, we will let you know if any additional information is needed.

PLEASE SEND THE FOLLOWING DOCUMENTS TO:

1. Income Certification. Please complete the attached Payment Subsidy Renewal Certification. This form summarizes information about your household income and expenses. You can use it as a checklist to determine which of the attachments below are needed.

2. For all adult household members listed on the Certification, attach:
   * a copy of the latest Federal Income Tax return, and
   * if the adult is employed copies, of the last 2 pay stubs.

   Use Part 11 of the Certification to report employment income and information about each employer.

3. All adult household members need to sign a copy of Form RD 3550-1, "Authorization to Release Information"

4. For any member of your household that receives income from non-employment sources (such as pensions, social security, worker's compensation, alimony, child support, etc.) use Part 11 of the Certification to report the income and attach a copy of your latest award or benefit letter or other proof of how much the household member receives from that account.

5. Attach a copy of your last Real Estate Tax Statement and your Homeowner's insurance Policy Statement if you do not have an RHS escrow account.

6. If you wish to claim expenses for child care expenses, medical expenses, or expenses for the care of a family member with disabilities follow the instructions in Part III of the Certification.

FOR ASSISTANCE CALL

THE RURAL HOUSING SERVICE RESERVES THE RIGHT TO REQUEST FURTHER DOCUMENTATION BEFORE APPROVING ANY PAYMENT SUBSIDY RENEWAL.

Form RD 3550-21
(10-96)

FORM APPROVED
OMB NO. 0575-0172

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL HOUSING SERVICE

PAYMENT SUBSIDY RENEWAL CERTIFICATION

Name: _____
Current Address: _____
City, State, Zip Code: _____
Home Phone No: _____ Alternate Phone No: _____
Best time of day to contact you by phone _____ a.m. _____ p.m.

PART I. HOUSEHOLD MEMBERS

List the Head of Household and all other members who will be living in your home. Give the relationship of each family member to the head. Give the social security number of any member who has moved into the dwelling during the last year. In the last 2 columns of this chart write "Yes" under Student for any household member who is a full-time student or under Disability for any household member who is an individual with disabilities.

Household Members Full Name	Relationship to Head	Age	Social Security Number	Student	Disability

PART II. INCOME INFORMATION

This section records the total annual income of all household members. List wages, salaries and tip-, other income such as pensions, worker's compensation, alimony, child support, and social security, AFDC or other benefits. List each family member and source separately (Information can be continued on reverse)

Household Members Full Name	Annual Amount	Employer Name / Income Source	Employer Address	Employer Phone Number
			Address	
			City State Zip	
			Address	
			City State Zip	

Public reporting burden for this collection of information is estimated to average 30 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. Send comments regarding this burden estimate or any other aspect ofthis collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Avenue, S. W Washington, D.C. 20250-7602. ***Please DO NOT RETURN this form to this address.*** *Forward to the local USDA office only. You are not required to respond to this collection of information unless it displays a currently valid OMB control number.*

PART II. INCOME INFORMATION: (continued).

Household Members Full Name	Annual Amount	Employer Name / Income Source	Employer Address	Employer Phone Number
			Address	
			City State Zip	
			Address	
			City State Zip	
			Address	
			City State Zip	

PART III. EXPENSES: (Complete this part only if you have expenses that meet the requirements as described for each kind of expenses.)

A. Medical **Expenses** (Complete only if the head of household or spouse is 62 years of age or older OR the head of household or spouse is an individual with disabilities AND the expenses are not paid or reimbursed by another source)

Type of Medical Expense	Amount of Expense

B. Child Care **Expense** (Complete only if you wish to claim child care expenses that enable a family member to work or go to school)

Child Care Provider's Name	Address	Phone No.	Cost Per Month	Household Member's Name Enabled to Work

C. **Handicap Assistance Expenses** (Complete only if you have expenses for the care of a family member with disabilities that are not reimbursed by another source and that it makes it possible for a family member to work)

Household Member's Name with Disabilities	Care Provider's Name	Address	Phone No.	Cost Per Month	Household Member's Name Enabled to Work

PART IV. CERTIFICATION:

The information I have provided is complete and true to the best of my knowledge. I understand that the above information is being collected to determine if I am eligible to receive payments subsidies and that failure to provide complete and accurate information can result in criminal and civil penalties.

Borrower Signature _____ **Date** _____ **Borrower Signature** _____ **Date** _____