FORM APPROVED (02-05 OMB NO. 0575-0189

UNITED STATES DEPARTMENT OF AGRICULTURE RURAL HOUSING SERVICE

VERIFICATION OF OCCUPANCY OF DOMESTIC FARM LABORER

On(Insert date of initia	al occupancy)	,, I/We became the	occupant(s) of the labor
house owned by	(Insert name o	of owner/borrower)	
Yes No	This dwelling is provided as a condition of my farm labor employment.		
Yes No	I pay my owi	n utilities: (Check all that apply	<i>y</i>)
		Electric	
		Water	
		Sewer	
		Fuel (Oil/Gas/Wood)	
		Garbage & Trash Removal	
		Other	_(Specify)
I will notify the Rural Housing	Service should t	the above circumstances change.	
	(Signature of Tenant/Occupant)		
	(Date)		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0575-0189. The time required to complete this information collection is estimated to average 15 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.