

**Supplement to Subscription Agreement for Cooperative Management-Type Applicants**  
**Section 213 and 221(D)(3)**

**U.S. Department of Housing and Urban Development**  
 Office of Housing  
 Federal Housing Commissioner

OMB Approval No. 2502-0058  
 (Exp. 9/30/2013)

Project Number \_\_\_\_\_

Case Number \_\_\_\_\_

**Instructions:** Submit original with (1) Credit Report, (2) Form HUD-92004F, (3) Form HUD-92004G, to the HUD Field Office. See page 3 for Public Burden and Privacy Act Statements.

Applicant	Age	Co-subscriber	Age
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	

The information concerning minority group categories is requested solely for the purpose of determining compliance with Federal civil rights law, and your responses will not affect consideration of your application. By providing this information you will assist us in ensuring that this program is administered in a nondiscriminatory manner.

1. <input type="checkbox"/> White, not of Hispanic Origin	4. <input type="checkbox"/> Asian or Pacific Islander
2. <input type="checkbox"/> Black, not of Hispanic Origin	5. <input type="checkbox"/> Hispanic
3. <input type="checkbox"/> American Indian or Alaskan Native	6. <input type="checkbox"/> Male <input type="checkbox"/> Female

Present Address	Property Address
Home Phone	Business Phone

Names, Ages and Relationship of Others Who Will Occupy the Dwelling

Present Landlord Name (If applicant is a home owner, fill in only applicable items.)	Present Landlord Address
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Number of Rooms Occupied	Rental Charge	Occupancy Since	Lease Expires
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Previous Landlord Name	Previous Landlord Address
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By (Signature of Mortgagee Official)	(Title of Mortgagee Official)
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<p><b>A. Subscriber's Statement</b></p> <p>The following statements are submitted for obtaining credit in connection with:</p> <p>A member of a cooperative organized under</p> <p>Section <input type="checkbox"/> 213</p> <p>Section <input type="checkbox"/> 221(d)(3)</p> <p>Other Section <input type="checkbox"/> _____</p>	<p><b>B. Required Cash Investment and Monthly Payment</b></p> <p>1. Total investment required \$ _____</p> <p>2. Amount paid \$ _____</p> <p>3. Balance due \$ _____</p> <p>Amount indicated in Item 3 will be paid from the following source:</p> <p>_____</p> <p>4. Estimated monthly charge for applicant's unit \$ _____</p>
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<b>C. Employment Status: (Attach Additional Statement if More than Two Wage Earners)</b>	
<b>1. Subscriber</b>	<b>2. Co-Subscriber</b>
Employer's Name	Employer's Name
Employer's Address	Employer's Address
Type of Business	Type of Business
Position Occupied	Position Occupied
Name and Title of Supervisor	Name and Title of Supervisor
Number of Years in Present Employment*	Number of Years in Present Employment*

\*Note: If less than two (2) years, attach rider giving same details with respect to prior employment status.

<b>D. Annual Income</b> Base pay for applicant \$ _____ (Based upon current rate of earnings, except earnings from commissions or fees, which should be reported on the basis of the past 12 months.) Overtime or other employment earnings \$ _____ Base pay of co-subscriber \$ _____ Overtime or other employment earnings \$ _____ Net income from real estate, from Schedule I \$ _____ Income from other sources: (List sources and amounts) _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ <b>Total Income</b> \$ _____	<b>E. Annual Fixed Charges (Past 12 Months)</b> Federal and State income tax \$ _____ Premium on life insurance \$ _____ Social Security & Retirement contributions \$ _____ Payment on installment accounts \$ _____ Mortgage or Contract Payments on Other Real Estate from Schedule I \$ _____ Payments on other loans \$ _____ <b>Total Income</b> \$ _____
	<b>F. Approximate Housing Expense (Past 12 Months)</b> (a) Mortgage payment or rent \$ _____ (b) Taxes and insurance \$ _____ (c) Heat \$ _____ (d) Water, gas, electricity \$ _____ (e) Maintenance \$ _____ <b>Total Housing Expense</b> \$ _____

**G. Life Insurance (On Applicant)**  
(1) Total in Force \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_  
(2) Less amount of loans on Policies \$ \_\_\_\_\_  
(3) Net cash surrender value \$ \_\_\_\_\_

**H. Financial Statement**  
A combined statement may be made for applicants who are Husband and Wife. In other cases a separate statement must be filed for each subscriber on Form \_\_\_\_\_. An applicant who derives his/her principal income from his/her own business must attach a current balance sheet and operating statement of the business.

Statement Date \_\_\_\_\_

**Assets**  
Cash Accounts (List) Where Deposited  
1. Checking account \$ \_\_\_\_\_  
2. Savings account \$ \_\_\_\_\_  
3. U.S. Savings Bonds \$ \_\_\_\_\_  
4. Stocks and other Bonds \$ \_\_\_\_\_  
5. Deposit under subscription agreement \$ \_\_\_\_\_  
6. Other important assets (List or attach schedule)  
\_\_\_\_\_  
\_\_\_\_\_

**Liabilities**  
Accounts payable (except installment accounts) \$ \_\_\_\_\_  
Installment account payable, automobile \$ \_\_\_\_\_  
    Monthly payment \$ \_\_\_\_\_  
Other installment accounts payable \$ \_\_\_\_\_  
    Monthly payment \$ \_\_\_\_\_  
Notes payable balance due \$ \_\_\_\_\_  
    Repayment terms for \_\_\_\_\_ months  
    at \$ \_\_\_\_\_ per month.  
Other liabilities \$ \_\_\_\_\_  
    Repayment terms for \_\_\_\_\_ months  
    at \$ \_\_\_\_\_ per month.

**I. Real Estate Owned (If more than one property is owned attach separate schedule)**

Type and Address of Property	Name and Address of Mortgagee
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Estimated Resale Value Income	Indebtedness	Annual Payment Principal and Interest	Estimated Annual Gross Income (a)	Estimated Annual Operating Expense Including Taxes (b)	Estimated Annual Net (a minus b)
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**J. Personal References\***

Name and Address	Name and Address
Name and Address	Name and Address

\*This information is not needed for FHA credit examination purposes but for the information of representatives of the cooperative.

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To the best of my/our knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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**(Do not sign the following certification until the Statement has been completed)**

This Statement (including the reverse side hereof) is made by the undersigned for the purpose of obtaining the benefits of a mortgage loan to be or which may be insured under the provisions of the National Housing Act, and the undersigned hereby represents that to the best of his knowledge and belief, the statements, information, and descriptions contained herein are in all respects true, correct, and complete. The Commissioner and mortgagee may verify the statements contained herein by communicating with any of the persons or institutions named in this statement.

Subscriber	Co-Subscriber
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Public Reporting Burden for this collection of information 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. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB Control Number.

Section 213 and 221(d)(3) of the National Housing Act, as amended, authorizes the Secretary of the Department of Housing and Urban Development to insure mortgages covering property held by a non-profit housing cooperation. The information is used by HUD to determine the capacity of the borrower corporation and the individual members to meet the statutory requirement for repayment. The Department requires the information to review the applicant's financial and credit history. If the information is not collected HUD would not be able to determine the capability of the borrower corporation or the individual members to repay the insured mortgages. The information is considered confidential. While no assurances of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information request.

**Privacy Act Notice** - The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, United States Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. The information requested in this is to be used by the Department in determining whether you qualify. It will not be disclosed or released outside the United States Department of Housing and Urban Development without your consent, except as required or permitted by law.