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.	11/30/2016

Project Number

Case Number

Instructions: Submit original with (1) See page 3 for Public Burden and Pr		UD-92004F, (3) Form HUD-920040	G, to the HUD Field O	ffice.	
Applicant		Age	Co-subscriber			Age
Married Sing	le Divorced		Married	Single	Divorced	
The information concerning minority group of determining compliance with Federal circonsideration of your application. By proviensuring that this program is administered	vil rights law, and your responsed ding this information you will ass	s will not affect sist us in	2. Black, not of I	Hispanic Origin Hispanic Origin an or Alaskan Native	5. Hispanic	cific Islander 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 h	ome owner, fill in only applicable	e items.)	Present Landlord Addre	ess		
Number of Rooms Occupied	Rental Charge		Occupancy Since	1	Lease Expires	
Previous Landlord Name			Previous Landlord Add	ress		
By (Signature of Mortgagee Official)			(Title of Mortgagee Office	cial)		
A. Subscriber's Statement			B Paguired Cash	Investment and Mon	thly Payment	
The following statements are submitt	ad for obtaining gradit in oar	nootion	Total investment r		\$	
with:	ed for obtaining credit in cor	mechon	2. Amount paid	•	\$	
A member of a cooperative organize	dunder		3. Balance due		\$	
Section 213 Section 221(d)(3)		Amount indicated in Item 3 will be paid fromthe following source:				
Other Section			4. Estimated monthly charge for applicant's unit \$			
C. Employment Status: (Attach Ad	Iditional Statement if More	e than Two V		y charge for applicant	σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ	
1. Subscriber			2. Co-Subscriber			
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, atta	ch rider giving same details	with respect t	o prior employment s	tatus.		

D. Annual Income			E. Annual Fixed Ch	arges (Past 12 Months)	
(Based upon current rate of earnings, except earnings from commissions or fees, which should		\$	Premium on life insur	Federal and State income tax Premium on life insurance	
be reported on the basis	of the past 12 months.)			tirement contributions	\$
Overtime or other emplo	yment earnings	\$	Payment on installme	ent accounts t Payments on Other Real	\$
Base pay of co-subscrib	er	\$	Estate from Schedule	•	\$
Overtime or other emplo	yment earnings	\$	Payments on other lo		\$
Net income from real es		\$	Total Income		\$
	ces: (List sources and am		E Annrovimete He	using Expense (Past 12 M	antha)
		\$			onins)
			(a) mongago paymo		\$
		\$	(b) Taxes and insura	ince	\$
		\$	(c) Heat (d) Water, gas, elect	ricity	\$ \$
		\$	(e) Maintenance	Holty	\$ \$
Total Income		\$		nse	\$
G. Life Insurance (On	Applicant)		H. Financial Staten		<u> </u>
	Cash Value	¢			ts who are Husband and Wife.
(2) Less amount of loar		\$ \$	In other cases a sepa	arate statement must be filed An applicant who deri	d for each subscriber on Form ves his/her principal income
(3) Net cash surrender	value	\$	from his/her own bus statement of the busi		balance sheet and operating
			Statement Date		
Assets			Liabilities		
Cash Accounts (List) Wh	nere Deposited		Accounts payable (ex	ccept installment accounts)	\$
1. Checking account			Installment account p	ayable, automobile	\$
		\$	Monthly payment	\$	
2. Savings account			Other installment acc		\$
		\$		\$	
3. U.S. Savings Bonds	4.	\$	Notes payable balance		\$
 Stocks and other Bon Deposit under subscri 		\$		for months per month.	
·	is (List or attach schedule	η 	other liabilities	per monur.	\$
o. Other important asset	.s (List of attach schedule	,		for months	Ψ
				per month.	
L Bool Fototo Owned	(If mare then one press	why is supped attack some		•	
Type and Address of Prope	• • •	rty is owned attach sepa	Name and Address of M	ortgagee	
Type and Madress of Frepe	,		Hame and Address of M	ongagee	
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 Reference	es*		,		•
Name and Address			Name and Address		
Name and Address			Name and Address		
*This information is not :	needed for EUA gradit ave	amination nurnocae but fo	r the information of rooms	sentatives of the cooperati	/0
1 1011 SI 1101111atiOII IS 110t I	IEEUEU IOI FITA CIEUIL EX	anımatıcın purposes but 10	i uie iinoimauon oi repres	semanyes or the cooperation	v C.

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

1	(Do not sian	s the following	certification unti	I the Statement	hae haan	completed)
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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

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 infividual 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.

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