

**\*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 falsifies, conceals, or covers up by any trick, scheme, or device a material fact, makes any materially false, fictitious, or fraudulent statement or representation, or 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.**

**INITIAL REQUEST FOR RENTAL ASSISTANCE OR OPERATING ASSISTANCE**

- 1. Name of Applicant/Borrower \_\_\_\_\_
  - 2. Address \_\_\_\_\_
  - 3. Location of Project \_\_\_\_\_
  - 4. Total Number of Units in Project \_\_\_\_\_
  - 5. Applicant/Borrower for the above referenced project requests \_\_\_\_\_ units of rental assistance  .  
\_\_\_\_\_ units of operating assistance .
- The total above represents \_\_\_\_\_ percent of the units in the project.

Applicant/Borrower certifies that the above information and attachments, if any, are true and correct to the best of Applicant/Borrower's knowledge and belief. Applicant/Borrower agrees that actual assignment of the rental assistance units or operating assistance units, if approved, will be in accordance with applicable regulations of the Rural Housing Service, or any successor Agency.

\_\_\_\_\_ Date

Applicant/Borrower \_\_\_\_\_  
By \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_

| <b>For USDA Use Only</b>         |       |
|----------------------------------|-------|
| State                            | _____ |
| County                           | _____ |
| Borrower I.D. and Project Number | _____ |
| Fund Code & Loan No.             | _____ |
| Rental Assistance Agreement No.  | _____ |

*According to the Paperwork Reduction Act of 1995, an agency may not conductor 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.*