

United States Department of Agriculture
Rural Housing Service

EMPLOYMENT AND ASSET CERTIFICATION

EMPLOYMENT CERTIFICATION

Check the appropriate blocks and account for all adult household members by listing their or your name under the applicable statement:

I hereby certify that the following adult household members are not presently employed and do not intend to resume employment in the foreseeable future:

I hereby certify that the following adult household members are not presently employed but are actively seeking employment. I agree to notify RHS immediately when they become reemployed:

I hereby certify that the following adult household members are currently employed. I agree to notify RHS should their employment status change:

ASSET CERTIFICATION

Check the appropriate blocks and account for all household member's (adults and children) assets, which include but are not limited to savings accounts, stocks, bonds, Treasury bills, savings certifications, money market funds, investment accounts, equity in real property, revocable trust funds that are available to the household, lump-sum receipts, personal property held as an investment, cash value of life insurance policies, and amounts in voluntary retirement plans that can be withdrawn:

I hereby certify that our household's combined net assets do or do not exceed \$5,000 and that all assets were listed on Form RD 410-4, "Uniform Residential Loan Application."

According to the Paperwork Reduction Act of 1995, no persons are 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 0575-0172. The time required to complete this information collection is estimated to average 5 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.

I hereby certify that within the past two years, I have or have not disposed of assets for less than the fair market value through a sale or a gift. If "have" is marked, provide the following pertinent information.

Asset	Disposition Date	Value of Asset	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT
Date: _____

APPLICANT
Date: _____

APPLICANT
Date: _____

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."