

Form RD3560-43  
(02-05)

FORM APPROVED  
OMB NO. 0575-0189  
Exp. Date: MM/DD/YY

UNITED STATES DEPARTMENT OF AGRICULTURE  
RURAL HOUSING SERVICE

**VERIFICATION OF OCCUPANCY OF DOMESTIC FARM LABORER**

On \_\_\_\_\_, \_\_\_\_\_, I/We became the occupant(s) of the labor  
(Insert date of initial occupancy)

house owned by \_\_\_\_\_  
(Insert name of owner/borrower)

Yes     No    This dwelling is provided as a condition of my farm labor  
employment.

Yes     No    I pay my own utilities: (Check all that apply)

Electric

Water

Sewer

Fuel (Oil/Gas/Wood)

Garbage & Trash Removal

Other (Specify)

I will notify the Rural Housing Service should the above circumstances change.

\_\_\_\_\_  
(Signature of Tenant/Occupant)

\_\_\_\_\_  
(Date)

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