USDA Form RD 1924-4 (Rev. 10/96)

## DOCUMENTATION OF CONSTRUCTION COMPLAINT/REQUEST FOR COMPENSATION FOR CONSTRUCTION DEFECTS

FORM APPROVED
OMB No. 0575-0082
Exp. Date: 11/30/2022

PART I - DOCUMENTATION OF CONSTRUCTION COMPLAINT(S)								
NAME, ADDRESS and CASE NUMBER OF BORROWER		TYPE OF WARRANTY:						
			1. 2.	Builder's Warranty - Term  Independent Home Warranty - Term				
				(Address):				
NAME and ADDRESS OF CONTRACTOR			3.	Insured Home Warranty (HOW) - Term (Address):				
RD was notified of construction complaints on Borrower's dwelling or unit, described as follows:								
			_	County Office Staff Person	Date			
PART II - REQUEST FOR				TION DEFECTS				
Assistance requested from the Government under Section 50	9(c) of the Housing A	ct of 19	49:					
☐ 1. Repair defects.		4. P	ay mo	ving, storage or relocation expenses				
☐ 2. Reimburse for emergency repairs		5. P	ay dan	nages resulting from the defect(s).				
3. Pay temporary living expenses.				dwelling or unit to RD with release bility for RD loan.				
Describe in detail the defects for which compensation is above, receipts must be attached. If number 3, 4, or 5 is on the second of the second	checked, documer	ntation	supp	orting the amount requested must be	attached.			
It is understood that the determination by RD of this claim is final and conclusive.								
It is agreed that on the rendering of any assistance pursuant to Section 509(c) of the Housing Act of 1949, RD will be subrogated to all rights, equities and remedies that I/We have against the builder or other persons arising out of the defect or defect(s) compensated for, and RD will be fully substituted in our place for such purpose and I/We will execute assignments on request.  I/We understand that Section 1001 of Title 18 of the United States Code relating to Rural Development transactions provides: "whoever, for the purpose of influencing such Administration makes, passes, utters or publishes any statement knowing the same to be false shall be fined not more than \$5,000 or imprisoned not more than two years, or both."								
CLAIMANT (Signature)	DATE	CO-CI	.AIM	ANT (Signature)	DATE			

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining this data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W Washington, D.C. 20250, and to the Office of Management and Budget. Paperwork Reduction Project (OMB No. 0575-0082), Washington, D.C. 20503. Please DO NOT RETURN this form to either of these addresses. Forward to RD only.

Status of action against contractor:				
HEREBY CERTIFY that all of the administrative	e determinations and certificat	tions required by Rural Develop	ment regulations prequisite to provi	ding assistance of the
ype indicated above have been made and that evid ne above-described assistance in the amount set for	ence thereof is in the docket, a	and that all requirements or perti	nent regulations have been compiled	d with. I hereby approve
ne applicant for the purposes of and subject to the				
CLAIM APPROVED FOR:				
ZZMM ZM TROVED FOR.				
☐ 1 . Repair defects.	\$	S	6. Cancel loan and	
2. Reimburse for emergency repairs	\$	S	unit into invento	ory.
☐ 3. Pay temporary living expenses	\$	S	_	
4. Pay moving, storage, or relocation exp	penses \$			
5. Pay damages resulting from the defect	\$	S	-	
AMOU	NT OF CLAIM \$	3		
APPROVAL OFFICIAL		COUNTY OFFICE MAII		DATE FUNDING
				AUTHORIZED BY THE NATIONAL
TITLE	DATE APPROVED	_		OFFICE
				L

TO THE APPLICANT: As of this date,

I this is notice that your application for the above financial assistance from the Rural Development has been approved, as indicated above, subject to conditions required by the Rural Development. If you have any questions, please contact the County Supervisor.