

Form RD 3560-10
(02-05)

Position 3
**MULTI-FAMILY HOUSING
BORROWER BALANCE SHEET**

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

PART I - BALANCE SHEET

PROJECT NAME	BORROWER NAME	BORROWER ID AND PROJECT NO.
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	BEGINNING DATES> ENDING DATES>	CURRENT YEAR () ()	PRIOR YEAR () ()	COMMENTS
<u>ASSETS</u>				
CURRENT ASSETS				
1. GENERAL OPERATING ACCOUNT				
2. R.E. TAX & INSURANCE ACCOUNT				
3. RESERVE ACCOUNT				
4. SECURITY DEPOSIT ACCOUNT				
5. OTHER CASH (<i>identify</i>)				
6. OTHER (<i>identify</i>)				
7. TOTAL ACCOUNTS RECEIVABLE (<i>Attach list</i>)				
..... ACCTS RCVBL 0-30 DAYS \$ _____				
ACCTS RCVBL 30-60 DAYS \$ _____ ACCTS RCVBL 60-				
90 DAYS \$ _____ ACCTS RCVBL				
OVER 90 DAYS \$ _____				
8. LESS: ALLOWANCE FOR DOUBTFUL ACCOUNTS.				
9. INVENTORIES (<i>supplies</i>)		()	()	
10. PREPAYMENTS				
11. _____				
12. TOTAL CURRENT ASSETS (<i>Add 1 thru 11</i>)		0.00	0.00	

FIXED ASSETS				
13. LAND				
14. BUILDINGS				
15. LESS: ACCUMULATED DEPRECIATION		()	()	
16. FURNITURE & EQUIPMENT				
17. LESS: ACCUMULATED DEPRECIATION		()	()	
18. _____				
19. TOTAL FIXED ASSETS (<i>Add 13 thru 18</i>)		\$0.00	\$0.00	

OTHER ASSETS				
20. _____				
21. TOTAL ASSETS (<i>Add 12, 19, and 20</i>)		\$0.00	\$0.00	

LIABILITIES AND OWNERS EQUITY

CURRENT LIABILITIES				
22. TOTAL ACCOUNTS PAYABLE (<i>Attach list</i>)				
ACCTS PAYABLE 0-30 DAYS \$ _____				
ACCTS PAYABLE 30-60 DAYS \$ _____				
ACCTS PAYABLE 60-90 DAYS \$ _____				
ACCTS PAYABLE OVER 90 DAYS \$ _____				
23. NOTES PAYABLE (<i>Attach list</i>)				
24. SECURITY DEPOSITS				
25. TOTAL CURRENT LIABILITIES (<i>Add 22 thru 24</i>)		\$0.00	\$0.00	

LONG-TERM LIABILITIES

26. NOTES PAYABLE RURAL DEVELOPMENT

27. OTHER (*Identify*) _____28. **TOTAL LONG-TERM LIABILITIES** (*Add 26 and 27*)29. **TOTAL LIABILITIES** (*Add 25 and 28*)30. OWNER'S EQUITY (Net Worth) (*21 minus 29*)31. **TOTAL LIABILITIES AND OWNER'S EQUITY**
(*Add 29 and 30*)

0.00	0.00	
0.00	0.00	
(0.00)	(0.00)	
\$0.00	\$0.00	

Warning: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction any of 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.

I HAVE READ THE ABOVE WARNING STATEMENT AND I HEREBY CERTIFY THE FOREGOING INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

(Date)_____
(Signature of Borrower or Borrower' Representative)_____
(Title)**PART II - VERIFICATION OF REVIEW**

I/We have reviewed the borrower's records. The accompanying balance sheet, and statement of actual budget and income on Form RD 1930-7, is a fair presentation of the borrower's records.

I/We certify that no identity of interest exists between me/us and any individual or organization doing business with the project or borrower.

(Date)_____
(Signature)_____
(Name and Title)_____
(Address)

In lieu of the above verification and signature, a review completed, dated and signed by a person or firm qualified by I license or certification is attached.

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 0575-0189. Public reporting for this collection of information is estimated to be approximately 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, completing, and reviewing the collection of information. All responses to this collection of information are voluntary. However, in order to obtain or retain a benefit, the information in this form is required under Section 515 Rural Rental Housing, which includes Congregate Housing, Group Homes, and Rural Cooperative Housing. Rural Development has no plans to publish information collected under the provisions of this program. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Rural Development Innovation Center, Regulations Management Division at ICRMRequests@usda.gov