

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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