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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 for this information collection is 0575-0189. The time required to complete this information collection is estimated to average 30 minutes per response, including the tim		

Used by cooperative to obtain formal applications from persons seeking membership in a rural cooperative housing project. When necessary, Rural Development Staff should provide assistance to cooperative in understanding how the form is to be completed by the prospective member.

(see reverse)

PROCEDURE FOR PREPARATION

: 7 CFR part 3560.

: Original only.

PREPAREDBY

NUMBER OF COPIES

SIGNATURES REQUIRED

DISTRIBUTION OF COPIES

: Applicant and co-applicant.

: Prospective cooperative members.

: Cooperative office files.

(02-24-05) SPECIAL PN

-2- (Forms Manual Insert - Form RD 3560-38)

NAME		R 18 YEARS	1	18 YEARS OR O	LDER WHO ARE F	ULL-TIME STUDE	NTS OR DISABLED
		ATIONSHIP	AGE	NAME	RELA	TIONSHIP	AGE
5. CHILD CARE/M	inors who are 12	ears of age or under fo	or whom you hire a bab	vysitter or leave at chi	ld care center)		COST PER WEE
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 FOR ELDERL' the family or at 1 	Y FAMILY (D) least one of two	or more persons who	(To qualify for an are living together, i	exemption(s) und must be the applicat	er this category, nt/borrower, co-ap	the head, spot plicant/co-borrow	use, or sole member ver, and must be 62 y
of age or older, or	r disabled) INDIC	ATE:					
ELDERLY DIS/	ABLED	TOTAL MEDICA	L EXPENSES NOT COVI	ERED BY INSURANCE	TOTAL MEDICAL	EXPENSES NOT CO	OVERED BY INSURANCE
	TES 🗌 NO	FOR PAST 12 M	ONTHS		EXPECTED FOR N	EXT 12 MONTHS	
		5 FINANC	IAL STATEMENTS /	AS OF DATE OF AL	PPLICATION		
This statement may	he completed in					ntly joined so t	hat the statement car
meaningfully and fair	ly presented on a	combined basis. Other	nd Co-Applicant if the rwise a separate statem	ent is required.	and and surface	antiy joineu so t	ant the statement th
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PAGE 2 OF FORM RD 3560-38

		RECEIVED LAST 12	MONTHS	PLANNED NEXT 12 MONTHS			
8. HOUSEHOLD INCOME	APPLICANT	CO-APPLICANT	OTHER ADULTS	APPLICANT	CO-APPLICANT	OTHER ADU	
TOTAL EARNINGS							
OTHER NON-BUSINESS INCOME (Social Security welfare child support, GI interest and dividends etc.	ty pension						
NET BUSINESS INCOME (Gross income business attach latest annual operating statement)	,						
ALL OTHER INCOME (Specify)							
TOTAL INCOME							
9. HOUSEHOLD EXPENSES		SPENT LAST 12 M	ONTHS	PL	ANNED NEXT 12 M	ONTHS	
LIVING (Food, clothing, utilities, etc.)							
TAXES PAID							
CAPITAL GOODS BOUGHT FOR CASH (Furniture, TV, car, etc.)							
ALL OTHER PAYMENTS (Specify)							
TOTAL EXPENSES							
 I (We) certify that the statements made in good faith to obtain a loan. *WARNING: Section 1001 of Title 18, U the Government of the United States, Ian. (1) falsifies, conceals, or covers up b (2) makes any materially false, fictition (3) makes or uses any false writing or shall be fined under this title or im 	inited States Code prov owingly and willfully— y any trick, scheme, o us, or fraudulent statem document knowing the	r device a material f ent or representation; same to contain any	y matter within the juri act; or	isdiction of the ex	xecutive, legislative,	-	
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