### Form RD 3550-4 Form Approved

(Rev. 06-16) OMB No. 0575-0172

United States Department of Agriculture Rural Housing Service

**EMPLOYMENT AND ASSET CERTIFICATION EMPLOYMENT CERTIFICATION**

Check the appropriate blocks and account for all adult household members by listing their or your name under the applicable statement:

I hereby certify that the following adult household members are not presently employed and do not intend to resume employment in the foreseeable future:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

I hereby certify that the following adult household members are not presently employed but are actively seeking employment. I agree to notify RHS immediately when they become reemployed:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

I hereby certify that the following adult household members are currently employed. I agree to notify RHS should their employment status change:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

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 valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

ASSET CERTIFICATION

I hereby certify that all nonretirement assets of all household members (adults and children) are listed below. Nonretirement assets include, but are not limited to, savings accounts, stocks, bonds, Treasury bills, savings certifications, money market funds, investment accounts, equity in real property, revocable trust funds that are available to the household, lump-sum receipts, personal property held as an investment, and cash value of life insurance policies.

The nonretirement asset levels are as follows:

|  |  |
| --- | --- |
| Household Member | Nonretirement Asset(s)Total (in $) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

I also hereby certify that within the past two years, I have or have not disposed of assets for less than the fair market value through a sale or a gift. If “have” is marked, provide the following pertinent information.

|  |  |  |  |
| --- | --- | --- | --- |
| Asset | Disposition Date | Value of Asset | Amount Received |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Applicant Date

Applicant Date

Applicant Date

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: ''WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILL- FULLY 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.''