APPLICATION FOR SERVICES/BENEFITS

NAME		CONTACT
SOCIAL SECURITY NUMBER		TELEPHONE
PROPERTY ADDRESS _		
BILLING ADDRERSS (IF	DIFFERENT)	
SERVICE REQUESTED	WATE	TRASH PICK UP
SIGNATURE OF APPLICANT		DATE
order to assure the Fe prohibiting discriminate familial status, age and encouraged to do so. against you in any way	deral Government, a tion against tenant ald disability are compl This information will v. However, if you ch	nd sex designation solicited on this application is requested in ting through the Rural Housing Service that the Federal laws plications on the basis of race, color, national origin, religion, sexed with. You are not required to furnish this information, but are not be used in evaluating your application or to discriminate lose not to furnish it, we are required to note race, ethnicity, and isual observation or surname.
ETHNICITY:		
Hispanic or Latino		Not Hispanic or Latino
RACE: (Mark one or m American Ind Black or Afric White	ian/Alaska Native	Asian Native Hawaiian or Other Pacific Islander
GENDER:	Male	Female

USDA is an equal opportunity provider, employer, and lender. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202)720-6382 (TDD)