Form RD 3550-1 Form Approved (Rev. 06-06) OMB No. 0575-0172

United States Department of Agriculture Rural Development Rural Housing Service

AUTHORIZATION TO RELEASE INFORMATION

TO:			
RE:			
	Account or Other Identifying Number		
	Name of Customer		
Develo	or adults in my household, have applied for or obtained a opment mission area of the United States Department of A t credit, payment assistance, or other servicing assistance nce and in other documents required in connection with the	agriculture. As part of this process or in consider on such loan, RHS may verify information conta	ing my household for
I, or an	nother adult in my household, authorize you to provide to	RHS for verification purposes the following app	licable information:
BP	Past and present employment or income records. Bank account, stock holdings, and any other asset balances ast and present landlord references Other consumer credit references.	ş.	
If the r	request is for a new loan or grant, I further authorize RHS	to order a consumer credit report and verify oth	er credit information.
records financi disclos	rstand that under the Right to Financial Privacy Act of 19 s held by financial institutions in connection with the constal records involving my loan and loan application will be sed or released by RHS to another Government agency or do or permitted by law.	sideration or administration of assistance to me. available to RHS without further notice or authorized and the side of the si	I also understand that orization, but will not be
This au	uthorization is valid for the life of the loan.		
The red	cipient of this form may rely on the Government's represe	entation that the loan is still in existence.	
servici unders request	formation RHS obtains is only to be used to process my reng assistance. I acknowledge that I have received a copy of tand that if I have requested interest credit or payment assists for such assistance and that I will not be renotified of the concerning use of such information.	of the Notice to Applicant Regarding Privacy Accistance, this authorization to release information	et Information. I n will cover any future
A copy	y of this authorization may be accepted as an original.		
Your p	prompt reply is appreciated.		
Signat	ture (Applicant or Adult Household Member)	Date	_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless as 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.