

TOTALLY FREE INC
1612 UNION STREET
BRUNSWICK GA 31520
PRE-QUALIFICATION WORKSHEET
USDA Rural Development

Please complete this Worksheet once you receive a signed Form RD-3550-1- signed by each household member over 18 years old

Please write legibly

Assistance Requested In: _____ County

APPLICANT NAME: _____ DOB _____ CO-APPLICANT NAME _____ DOB _____
SOCIAL SECURITY # _____ SOCIAL SECURITY # _____
ADDRESS: _____ ADDRESS: _____

APPLICANT: Home Phone: _____ Work Phone: _____ Cell Phone: _____
CO-APPLICANT: Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Please mark the following with '1' for the APPLICANT and '2' for the CO-APPLICANT)
Marital Status: _____ Sex: _____ Race: _____ Disabled: _____ Veteran _____ Hispanic _____

**LIST ALL MEMBERS OF THE HOUSEHOLD INCLUDING APPLICANT AND CO-APPLICANT.
ALL INCOME IN THE HOUSEHOLD MUST BE SHOWN BELOW:**

| NAME | RELATION | DOB | SEX | WAGE INCOME | NON WAGE INCOME such as |
|------|----------|-----|-----|----------------------------|--|
| | | | | Hourly rate/Hours per week | Child Support, SS, VA, AFDC, Food Stamps |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

APPLICANT: YEARS AT PRESENT JOB: _____ CO-APPLICANT: YEARS AT PRESENT JOB: _____

CHILD CARE EXPENSES: _____ (FULL TIME) OR:
FOR SCHOOL AGE CHILDREN: \$ _____ WEEKLY FOR _____ WEEKS (SCHOOL) \$ _____ WEEKLY FOR _____ WEEKS (SUMMER)
ALIMONY OR PAID CHILD SUPPORT: \$ _____ MONTHLY

| LOAN TYPE | UNPAID BALANCE | MONTHLY PAYMENT |
|-----------|----------------|-----------------|
| | | |
| | | |
| | | |
| | | |

| | |
|--------------------------|----|
| CHECKING ACCOUNT BALANCE | \$ |
| SAVINGS ACCOUNT BALANCE | \$ |
| OTHER ASSETS (see below) | \$ |

Note - document assets covering account activity for the most 2 recent months. Obtain explanation from applicant for large or recurring deposits.

PURPOSE OF LOAN REQUEST: Build Repair Purchase Realtors Name and Phone # _____

CURRENT LIVING CONDITIONS Renting Living with Relative Homeowner Monthly Rent/Pymt \$ _____

DOES APPLICANT HAVE A PRESENT OR PAST LOAN/GRANT WITH RURAL DEVELOPMENT/FmHA? Yes _____ No _____

TOTALLY FREE INC
1612 UNION STREET
BRUNSWICK GA 31520
United States Department of Agriculture
Rural Development
Rural Housing Service

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____

Account or Other Identifying Number

Name of Customer

I have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering me for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

| | | | |
|--------------------|---------------|--------------------|---------------|
| _____ Signature | _____ Date | _____ Signature | _____ Date |
| _____ Signature | _____ Date | _____ Signature | _____ Date |

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.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT NOTICE