USDA-RURAL HOUSING SERVICE, FARM SERVICE AGENCY

Position 3

FORM APPROVED OMB NO. 0575-0172

Form RD 1944-3 (Rev. 6-97)

BUDGET AND/OR FINANCIAL STATEMENT

1. NAME OF APPLICANT/BORROWER:	2. HOME PHONE NUMBER:	3. AGES OF PERSONS IN HOUSEHOLD:
4. NAME OF CO-APPLICANT/CO-BORROWER:	5. WORK PHONE NUMBER:	Applicant/Borrower: _____ Children: _____ Co-Applicant/Co-Borrower: _____ Others _____
6. ADDRESS:		7. PERIOD COVERED BY PLAN: _____ 20 ____ thru _____ 20 ____

BUDGET

PART 1 - PLANNED EXPENSES AND PAYMENTS

A - CASH EXPENSES	MONTHLY	NEXT 12 MONTHS
FOOD:	$	$ 0
CLOTHING:		0
MEDICAL: *(Doctor, dentist, eyeglasses, medication, etc.)*		0
PERSONAL: *(Beauty shop, barber, liquor, cigarettes, newspapers, magazines, etc.)*		0
HOUSEHOLD:		
FUEL:		0
ELECTRICITY:		0
TELEPHONE:		0
CABLE TV:		0
WATER AND/OR SEWER:		0
OTHER:		0
HOME REPAIR AND MAINTENANCE: *(Appliances, paint, yard, etc.)*		0
EDUCATION: *(Tuition, books, supplies, fees, school lunches, etc.)*		0
GIFTS: *(Holidays, birthdays, charity, church, etc.)*		0
RECREATION: *(Dining, movies, sports, entertainment, vacation, hobbies, etc.)*		0
MISC. POCKET EXPENSES: *(Sodas, lunches, allowances, etc.)*		0
CAR: *(Gas, tires, repairs, license, etc.)*		0
TRANSPORTATION: *(Bus, taxi, trains, etc.)*		0
INSURANCE:		
REAL ESTATE:		0
AUTO(S):		0
HEALTH & LIFE:		0
TAXES:		
REAL ESTATE:		0
INCOME:		0
SOCIAL SECURITY:		0
PERSONAL PROPERTY:		0
UNION OR PROFESSIONAL DUES:		0
CHILD CARE: *(Daycare, babysitting, etc.)*		0
CHILD SUPPORT/ALIMONY: *(Paid out)*		0
PLANNED CASH PURCHASES: *(Furniture, appliances, etc.)*		0
LOAN CLOSING COSTS: *(Not included in loan)*		0
MOVING EXPENSES:		0
OTHER:		0
TOTAL CASH EXPENSES	$ 0	$ 0

B - DEBT PAYMENTS	MONTHLY	NEXT 12 MONTHS
HOUSE PAYMENT:		0
CAR/TRUCK:		0
CAR/TRUCK:		0
OTHER VEHICLES AND EQUIPMENT:		0
OTHER: *(Credit cards, medical, installment loans, personal debts, other real estate etc.)* (LIST)		0
		0
		0
		0
FEDERAL DEBTS:		0
		0
		0
		0
PLANNED CREDIT PURCHASES: *(Furniture appliances, etc.)*		0
TOTAL DEBT PAYMENTS:	$ 0	$ 0

PART 2 - HOUSEHOLD INCOME

APPLICANT/BORROWER: *(Wages, tips, overtime, etc.)*		0
CO-APPLICANT/CO-BORROWER: *(Wages, tips, overtime, etc.)*		0
NET BUSINESS INCOME:		0
OTHER: *(Social Security, retirement, alimony, child support, VA, Public assistance, other income, etc.)*		0
TOTAL HOUSEHOLD INCOME:	$ 0	$ 0

PART 3 - SUMMARY

A. TOTAL INCOME (PART 2)	$ 0	$ 0
B. CASH *(Checking, savings, etc.)*		0
C. TOTAL EXPENSES AND DEBT PAYMENTS (PART 1A + 1B)	0	0
D. **BALANCE (A + B - C)**	$ 0	$ 0

SIGNATURE OF APPLICANT/BORROWER		DATE
SIGNATURE OF CO-APPLICANT/CO-BORROWER		DATE
SIGNATURE OF AGENCY OFFICIAL *(I have reviewed this budget and it appears to be a reasonable projection of income and expenses)*		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 30 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.

FINANCIAL STATEMENT

ITEM	VALUE (ASSETS) (A)	UNPAID DEBT (LIABILITIES) (B)	MONTHLY PAYMENT (C)	AMOUNT DELIN-QUENT (D)	PAYMENT DUE WITHIN NEXT 12 MONTHS (E)	FINAL DUE (F)	NAME AND ADDRESS OF CREDITOR AND ACCOUNT NUMBER (G)
Dwelling	$	$	$	$	$ 0	$	
Other real estate					0		
Mobile Home					0		
Car *(Yr. & make)*					0		
Car *(Yr. & make)*					0		
Truck *(Yr. & make)*					0		
Other Vehicles and Equipment (Boats, Motorcycles, etc.)					0		
Household Goods							
Appliances					0		
TV Set(s)					0		
Furniture					0		
Other					0		
Taxes Due:							
Real Estate					0		
Pers. Prop.					0		
Income Tax					0		
Soc. Sec. Tax					0		
Other Debts:							
Personal Loan					0		
Hospital					0		
Doctor					0		
Dentist					0		
Child Support and Alimony					0		
Federal Debts					0		
Credit Cards					0		
Other					0		
Rent							
Cash-on-hand (Including Savings & Checking Accounts, CD, etc.)							
Accounts Receivable							
Bonds & Other Securities							
Cash Value of Life Insurance							
TOTAL	$ 0	$ 0	$ 0	$ 0	$ 0	NET WORTH Col. A minus Col. B	$ 0

I certify that the above statement is true and correct to the best of my knowledge and belief.

WARNING: Section 1001 of title 18, United States Code provides: "whoever, in any matter within jurisdiction of any department or agency of the United States knowingly and willfully 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."

SIGNATURE OF APPLICANT/BORROWER	DATE	*SIGNATURE OF CO-APPLICANT/CO-BORROWER*	DATE