USDA-RURAL HOUSING SERVICE, FARM SERVICE AG	ENCT	PO	Sition 3			OMB NO. 05/5-01/2	
Form RD 1944-3 (Rev. 6-97)	UDGET AN	ID/OR FINA	ANCIAL STATEMENT				
1. NAME OF APPLICANT/BORROWER:	NOME PHONE NUMBER: WORK PHONE NUMBER:		3. AGES OF PERSONS IN HOUSEHOLD: Applicant/Borrower: Children:				
4. NAME OF CO-APPLICANT/CO-BORROWER:							
6. ADDRESS:			Co-Applicant/Co-Borrower: Others 7. PERIOD COVERED BY PLAN:				
			20	thru		20	
		BUD					
	PART 1 - PI		NSES AND PAYMENTS				
A - CASH EXPENSES	MONTHLY	NEXT 12 MONTHS	B - DEBT PAYMENTS		MONTHLY	NEXT 12 MONTHS	
FOOD:	\$	\$	HOUSE PAYMENT:				
CLOTHING:			CAR/TRUCK:				
MEDICAL:			CAR/TRUCK:				
(Doctor, dentist, eyeglasses, medication, etc.)			OTHER VEHICLES AND EQUIPMEN				
PERSONAL:			OTHER: (Credit cards,	(LIST)			
(Beauty shop, barber, liquor, cigarettes, newspapers, magazines, etc.)			medical, installment loans, personal debts, other real estate etc.)				
HOUSEHOLD:							
HOGOLHOLD.							
FUEL:							
ELECTRICITY:			FEDERAL DEBTS:				
TELEPHONE:			┪ .				
CABLE TV:		+	┪ .				
WATER AND/OR SEWER:							
-			PLANNED CREDIT PURCHASES:				
OTHER:			(Furniture appliances, etc.)				
HOME REPAIR AND MAINTENANCE: (Appliances, paint, yard, etc.)							
		+	TOTAL BERT BAYMENTO.				
EDUCATION: (Tuition, books, supplies, fees, school lunches, etc.)			TOTAL DEBT PAYMENTS:		\$	\$	
			PART 2 - H	OUSEHOLD	INCOME		
GIFTS: (Holidays, birthdays, charity, church, etc.)						1	
RECREATION:			APPLICANT/BORROWER: (Wages, tips, overtime, etc.)				
(Dining, movies, sports, entertainment, vacation, hobbies, etc.)			CO-APPLICANT/CO-BORROWER:			1	
			(Wages, tips, overtime, etc.)				
MISC. POCKET EXPENSES: (Sodas, lunches, allowances, etc.)			(mages, ups, over time, etc.)				
CAR: (Gas, tires, repairs, license, etc.)			NET BUSINESS INCOME:				
TRANSPORTATION: (Bus, taxi, trains, etc.)			OTHER:				
INSURANCE:			OTHER: (Social Security, retirement, alimony, child support,				
INCORANGE.			VA, Public assistance, other income, etc.)			1	
REAL ESTATE:			TOTAL HOUSEHOLD INCOME:		\$	\$	
AUTO(S):					,	ļΨ	
HEALTH & LIFE:			PAR	T 3 - SUM	MARY		
TAXES:			A. TOTAL INCOME (PART 2)				
			A. TOTAL INCOME (PART 2)		\$	\$	
REAL ESTATE:			D CASH (Challes and and				
INCOME:			B. CASH (Checking, savings, etc.)				
SOCIAL SECURITY:			C. TOTAL EXPENSES AND DEBT				
PERSONAL PROPERTY:			PAYMENTS (PART 1A + 1B)				
UNION OR PROFESSIONAL DUES:			D. BALANCE (A : B - C)				
CHILD CARE: (Daycare, babysitting, etc.)			D. BALANCE (A + B - C)		\$	\$	
CHILD SUPPORT/ALIMONY: (Paid out)			SIGNATURE OF APPLICANT/BORR	OWER		DATE	
PLANNED CASH PURCHASES:							
(Furniture, appliances, etc.)		<u> </u>	CICLUMINE OF CO. (PRINCE)	2 000000		 	
LOAN CLOSING COSTS: (Not included in loan)			SIGNATURE OF CO-APPLICANT/CO	<i>)-BORROWER</i>		DATE	
MOVING EXPENSES:			<u>1</u>			<u> </u>	
OTHER:			SIGNATURE OF AGENCY OFFICIAL			DATE	
TOTAL CASH EXPENSES	\$	\$	(I have reviewed this budget and it appears to be a reasonable projection of income and expenses)				

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)	UNPAID DEBT (LIABILITIES) (B)	MONTHLY PAYMENT (C)	AMOUNT DELIN- QUENT (D)	PAYMENT DUE WITHIN NEXT 12 MONTHS (E)	FINAL DUE	NAME AND ADDRESS OF CREDITOR AND ACCOUNT NUMBER (G)
Dwelling	(A)	(B)	\$	\$	(L) \$	(F)	(6)
Other real estate	ΙΨ	Ι Ψ	4	ΙΨ	Ι Ψ	Ι Ψ	
	- j	-i		 	 	!	<u> </u>
Mobile Home	<u> </u>	1	<u> </u>	<u> </u> 	<u> </u> 	1	<u> </u>
Car (Yr. & make)			 			<u> </u> 	
Car (Yr. & make)							
Truck (Yr. & make)			 				
Other Vehicles and Equipment (Boats, Motorcycles, etc.)			 		 		
Household Goods	i	i			1	İ	
Appliances	!	į	!	<u> </u>	1	1	
TV Set(s)	<u> </u>	<u> </u>			 		1
Furniture	-	- 	 	 	 	 	<u> </u>
Other	1	1	1	1	1	1	
Taxes Due:		i	!	 	 	!	
Real Estate						1	
			!		!	!	
Pers. Prop.			1		1	1	
Income Tax			 	+	+	 	
Soc. Sec. Tax			1	1	<u> </u>	1	1
Other Debts:			 	+	 	+	<u> </u>
Personal Loan			1	1	1	1	1
Hospital			+			1	
Doctor			1	<u> </u>	1	1	<u> </u>
Dentist			! 	<u> </u>	1	1	
Child Support and Alimony							
Federal Debts			i		i		
Credit Cards				1	1		
Other			İ				
Rent				į			
Cash-on-hand (Including Savings & Checking Accounts, CD, etc.)			 	 			
Accounts Receivable							
Bonds & Other Securities			 				

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

Cash Value of Life Insurance

TOTAL

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."

NET

WORTH

Col. A minus Col. B

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