

Form RD 1944-31
(Rev. 6-97)

FORM APPROVED
OMB NO. 0575-0047

Position 3

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT
RURAL HOUSING SERVICE

IDENTITY OF INTEREST (IOI) QUALIFICATION

(To be attached to IOI Disclosure Certificate)

(To be completed by the Principal for each trade or business with an identity of interest (IOI) relationship with a Contracting entity). This form will be attached to Form RD 1944-30, "Identity of Interest Disclosure Certificate."

Entity or IOI Company:	_____	(1)
Trade/Business:	_____	(1)
Address:	_____	(1)
Phone Number:	_____	(1)
Taxpayer Identification No.:	_____	(1)
Number of Full Time Employees:	_____ (1) _____	Part Time: _____ (1) _____
Number of Years in Business:	_____	(1)
Name of Contracting Entity:	_____	(2)
Personnel (those responsible for completion of the contracted work):	_____	(3)
	_____	(3)
Principal Name:	_____	(4)
Home Phone Number:	_____	(5)
S.S. No.:	_____	(5)
Trade or Business:	_____	(6)
Years in Business:	_____	(7)
Training:	_____	(7)
License Held:	_____	(7)
License Nos.:	_____	(7)
Name of Licensing Agencies:	_____	(8)

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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 0575-0047. The time required to complete this information collection is estimated to average 1/2 hour 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.

To be used for Multi-Family Housing Loans to record the qualifications of Identity of Interest entities.

Form RD 1944-30 will be attached to evidence the existence of Identities of Interest.

(1) Entity that has IOI with loan applicant, e.g., contractor, sub-contractor, supplier, management agent.

(2) Loan applicant.

(3) Superintendent, management agent of entity listed in (1).

(4) Principal of entity listed in (1).

(5) Information on person listed in (4).

(6) Leave blank.

(see reverse)

PROCEDURE FOR PREPARATION : RD Instructions 1924-A, 1930-C and 1944-E and HB-1-3565.

PREPARED BY : Principal for trades or businesses with Identities of Interest relationships with RHS borrowers/applicants.

NUMBER OF COPIES : Original and two copies.

SIGNATURE REQUIRED : Original and two copies to servicing official and borrower.

DISTRIBUTION OF COPIES : Original filed in Borrower's case file, copy to Borrower, copy to State Director.

(12-18-98) SPECIAL PN

REVERSE OF FORM RD 1944-31

Address:	_____	(9)
Phone No.:	_____	(9)
Number of Years with Company:	_____	(10)
Percent of Total Annual Compensation from Company:	_____	(11) %
Disclose any Criminal Convictions or Debarment from Government programs:	_____	(12)

Disclose any Current or Pending Legal Actions Against the Company or any of its Principals:	_____	(12)

<p>I certify, under penalty of law*, that the business in which I am employed is an ongoing trade or business qualified and properly licensed to undertake the work for which I intend to contract.</p>		
<p>I further certify, under penalty of law,* and with knowledge that this information may be verified, that the information submitted is true and accurate.</p>		
	_____	_____
	(Signature)	Date
	IOI Entity Principal	
<p>*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."</p>		
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- (7) Information on person listed in (4).
- (8) Agency which issued licenses to person listed in (4).
- (9) Information on agency listed in (8).
- (10) Leave blank.
- (11) Compensation received by person listed in (4).
- (12) Information by person listed in (4).