USDAForm RD 1927-5
(Rev. 11-99)

FORM APPROVED OMB NO. 0575-0147

AFFIDAVIT REGARDING WORK OF IMPROVEMENT

STATE OF			
COUNTY OF	ss:		
Before me, the undersigned	ed authority, personally a	ppeared	
sworn, depose and say, up	oon information and belie		, personally known to me, who, being by me duly
1. No construction, w	ork of improvement, repa	ir, or remodeling has	as been commenced or completed upon the property red to or performed on the property within the last
m	onths, except:		
	(I	f none, write "none"	")
	elivered to or performed	on the property wit	g was commenced or completed or services in con ithin the period set forth in paragraph 1, all costs I in full except:
	(I	f none, write "none"	")
3. No claims or dema connection with any alleg			wner by any subcontractor or material supplier in pair or remodeling.
Sworn and subscribed bef	ore me this		day of ,
(NOTARIAL SEA	L)		(Notary Public
My commission expires _		Res	esiding at

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0575-0147. The time required to complete this information collection is estimated to average 10 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.