Form RD 3550-4 (Rev. 8-00)

Form Approved OMB No. 0575-0172

## United States Department of Agriculture Rural Housing Service

## EMPLOYMENT CERTIFICATION/PAYMENT ASSISTANCE

Check appropri	ate block:
	I hereby certify that I am not presently employed, and I do not intend to resume employment in the foreseeable future, or if payment assistance is involved, during the term of the payment assistance agreement.
	I hereby certify that I am presently not employed; however, I am actively seeking employment. I agree to notify RHS immediately when I become reemployed.
	I hereby certify that I am currently employed. I agree to notify RHS should my employment status change.
Ву:	Date:

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE 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."

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.