



United States  
Department of  
Agriculture

Farm and Foreign  
Agricultural  
Services

Farm  
Service  
Agency

Texas FSA Public Internet EM Loan Application  
Texas State FSA Office  
PO Box 2900  
College Station, Texas 77841  
Phone: 979/680-5221  
Fax: 979/680-5237

## INFORMATION NEEDED TO SUBMIT AN FSA DIRECT LOAN APPLICATION

Dear [Name] :

Date [MM-DD-YYYY]

Please provide the items marked with an "X" in the box so that your request for loan assistance can be considered. Any required forms are enclosed. Additional copies of forms, if needed, can be obtained at <http://forms.sc.egov.usda.gov/eForms/welcomeAction.do?Home>.

- 1) FSA-2001, "Request for Direct Loan Assistance".
- 2) FSA-2301, "Request for Youth Loan".
- 3) For entity applicants only:
- a. Copies of any Organizational and Operation Documents (e.g., Charter, Articles of Incorporation, Bylaws, Partnership or Joint Operation Agreement, etc.).
  - b. Any evidence of current registration with relevant state regulatory agencies (good standing).
  - c. A duly adopted resolution to apply for and obtain financing.
  - d. A balance sheet not more than 90 days old for the entity.
  - e. A balance sheet not more than 90 days old for each individual entity member.
- Note:** If there are no individually owned assets then husband and wife joint operations may submit a consolidated balance sheet.
- 4) Notification of Exercise of Priority Consideration under Consent Decree (FSA-2010), or similar written request, if you are exercising your right to priority consideration. If FSA does not receive your written notice, your application will be processed in the normal manner.
- 5) FSA-2002, "Three-Year Financial History", or similar form acceptable to the Agency. Also provide tax returns, including Schedule F, for the past three years, or each year you have been in business, whichever is less. You may be asked to provide supporting documentation if you provide financial summaries. If the financial history has been previously provided, complete only for those years not previously provided.

**Note:** Provide 3 years balance sheets, if available.

6) FSA-2003, "Three-Year Production History", or similar form acceptable to the Agency, for the past three years, or each year you have been in business, whichever is less. If production history has been previously provided, complete only for those years not previously provided.

7) FSA-2004, "Authorization to Release Information".

**Note:** If you are relying on non-farm income or other assets of a non-applicant spouse to generate positive cashflow or pay family living expenses he/she must execute an FSA-2004 or provide their 2 most recent earning statements.

8) FSA-2005, "Creditor List".

9) FSA-2006, "Property Owned and Leased". Attach a copy of the legal descriptions of any farm property owned, or to be acquired, and if applicable, any lease, contracts, options and other agreements with regard to the property.

10) FSA-2007, "Statement Required by the Privacy Act", required from anyone who will sign loan or security documents, but is not the applicant or an entity member.

11) Projected farm operating plan which includes a balance sheet and cash flow for the next 12 months. You may use the Farm Business Plan Worksheets: the FSA-2037, "Balance Sheet" and FSA-2038, "Income and Expenses", or similar forms acceptable to the Agency.

12) Most recent account statement for credit cards, loans, and all other bank accounts. Any original documents you submit will be returned to you.

13) Credit Report Fee made payable to the Farm Service Agency for the type of applicant:

Individual \$ 13.50 Joint \$ 20.25 or Commercial \$ 75.00

14) FSA-2302, "Description of Farm Training and Experience," For entity applicants, provide for each individual member involved in managing or operating the farm.

15) FSA-2370, "Request for Waiver of Borrower Training Requirements".

16) Verification of any other non-farm income (i.e., social security, rental income, pension).

17) RD-1940-20, "Request for Environmental Information".

18) AD-1026, "Highly Erodible Land Conservation and Wetland Conservation Certification".  
(Initial Application and Subsequent Application when there have been changes to the real estate farmed.)

19) For construction loans only:

a. A copy of any plans and specifications for the improvements you intend to make.

b. A description of any planned development, the proposed schedule and cost estimate.

- 20) For EM only:
  - FSA-2309, "Certification of Disaster Losses".
  - FSA-2310, "Lender's Verification of Loan Application".
- 21) For CL only:
  - a. NRCS Approved Conservation Plan.
  - b. Financial Statement (Streamlined CL's).
- 22) Other

A DECISION CANNOT BE MADE ON A LOAN REQUEST WITHOUT ALL INFORMATION REQUESTED IN THE LETTER. HOWEVER, AFTER REVIEW OF THE PROVIDED INFORMATION FSA MAY REQUEST ADDITIONAL INFORMATION NECESSARY TO COMPLETE PROCESSING YOUR APPLICATION. THIS WILL IN SOME CASES, INCLUDE WRITTEN EVIDENCE OF YOUR INABILITY TO OBTAIN CREDIT ELSEWHERE.

Please contact this office if you need help. We can help you complete the requested forms, explain what information we need, and answer any questions about the information requested in this letter. If we cannot assist you by phone, we will schedule an appointment to meet with you.

Sincerely,

Enclosures



FSA-2001  
(09-03-10)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency

Position 3

**REQUEST FOR DIRECT LOAN ASSISTANCE**

**Instructions:** All applicants must complete Part A. Individual applicants complete Parts B, D and E. Two or more persons applying jointly, including married persons, are considered an entity. Entities must complete Parts C, D and E. Non-citizen nationals and qualified aliens must provide appropriate documentation under Federal immigration law. \*Race, ethnicity, and gender information is requested by the Federal Government to monitor FSA's compliance with Federal laws prohibiting discrimination against applicants. Applicants are not required to furnish this information, but are encouraged to do so. Failure to provide this information may result in not receiving targeted funds for which the applicant may be eligible. One or more boxes may be selected for race. This information will not be used to evaluate the application. FSA is required to note race, ethnicity and gender on the basis of observer identification if you do not furnish it.

**PART A - APPLICANT**

1. Exact Full Legal Name	2. Address	3. Contact Telephone Numbers (Area Code):
		Home Telephone No.
		Cell Telephone No.
		Business Telephone No.

**PART B – INDIVIDUAL APPLICANT INFORMATION**

1. Social Security Number (9 digit No.)	2. Birth Date	3. County of Operation Headquarters
4. Name and Address of Employer	5. Annual Income \$	7. Veteran Status YES <input type="checkbox"/> Dates: _____ Branch: _____ NO <input type="checkbox"/>
	6. Number of Household Members	
Telephone Number: _____		

8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	9. Citizenship <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen National <input type="checkbox"/> Qualified Alien	*10. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	*11. Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	*12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	13. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed
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**Note:** The following is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

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 0560-0237. The time required to complete this information collection is estimated to average 33 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**PART C – ENTITY AND ENTITY MEMBER INFORMATION**

**Instructions:** Two or more persons, including married persons, who are applying jointly and do not have an entity name or Tax ID Number, will be considered a joint operation. Informal entities may leave Items 2 through 4 blank, if not applicable. Complete Items 5A through 5J for each entity member. Items 5K through 5M are voluntary. Items 5O - 5P must be completed for all entity members.

**NOTE:** Individual liability will be required regardless of the entity type. Please indicate by signing in Item 5O that you have read and understand the statements and certifications on Pages 3 through 5 and they are correct.

1. Entity Type <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Operation  <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust		2. State of Registration	4. Tax Identification Number (9 Digit No.)	
		3. Registration Number		
5A. Entity Member Exact Full Legal Name		5B. Soc. Sec. No. (9 Digit No.)	5C. Address	
5D. Contact Numbers		5E. Birth Date		
5F. Name and Address of Employer		5G. Percent of Ownership %	5I. Citizenship <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen National <input type="checkbox"/> Qualified Alien	5J. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
		5H. Annual Income \$		
Telephone Number (Area Code)				
*5K. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	*5L. Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	*5M. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*5N. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed	
5O. Signature			5P. Date	
5A. Entity Member Exact Full Legal Name		5B. Soc. Sec. No. (9 Digit No.)	5C. Address	
5D. Contact Numbers		5E. Birth Date		
5F. Name and Address of Employer		5G. Percent of Ownership %	5I. Citizenship <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen National <input type="checkbox"/> Qualified Alien	5J. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
		5H. Annual Income \$		
Telephone Number (Area Code)				
*5K. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	*5L. Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	*5M. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*5N. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed	
5O. Signature			5P. Date	
5A. Entity Member Exact Full Legal Name		5B. Soc. Sec. No. (9 digit No.)	5C. Address	
5D. Contact Numbers		5E. Birth Date		
5F. Name and Address of Employer		5G. Percent of Ownership %	5I. Citizenship <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen National <input type="checkbox"/> Qualified Alien	5J. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
		5H. Annual Income \$		
Telephone Number (Area Code)				
*5K. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	*5L. Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	*5M. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*5N. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed	
5O. Signature			5P. Date	
5A. Entity Member Exact Full Legal Name		5B. Soc. Sec. No. (9 digit No.)	5C. Address	
5D. Contact Numbers		5E. Birth Date		
5F. Name and Address of Employer		5G. Percent of Ownership %	5I. Citizenship <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen National <input type="checkbox"/> Qualified Alien	5J. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
		5H. Annual Income \$		
Telephone Number (Area Code)				
*5K. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	*5L. Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	*5M. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*5N. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed	
5O. Signature			5P. Date	

**PART D – GENERAL INFORMATION**

1. Counties Being Farmed	2. Acres Owned
	3. Acres Rented
4A. Purpose of Loan	4B. Amount Requested \$
5A. Purpose of Loan	5B. Amount Requested \$
6. Description of Operation	

**PART E – NOTIFICATIONS, CERTIFICATIONS AND ACKNOWLEDGMENT**

	YES	NO
1. Are you currently or have you ever, and in the case of an entity any member of the entity, conducted business under any other name? If "YES," list names in Item 9.		
2. Have you ever, or in the case of an entity any member of the entity, obtained a direct or guaranteed farm loan from FSA or Farmers Home Administration?		
3. If Item 2 is "YES," did you receive any debt forgiveness through write-down, write-off, compromise, adjustment, reduction, charge-off, paying a loss on a guarantee, or bankruptcy? If "YES," provide details in Item 9.		
4. Are you, or in the case of an entity any member of the entity, delinquent on any Federal debt or have any outstanding Federal judgments? If "YES," provide details in Item 9.		
5. Are you, or in the case of an entity any member of the entity, involved in any pending litigation? If "YES," provide details in Item 9.		
6. Have you, or in the case of an entity any member of the entity, ever been in receivership, discharged in bankruptcy, or filed a petition for reorganization in bankruptcy? If "YES," provide details in Item 9.		
7. Are you, or in the case of an entity any member of the entity, an FSA employee or related to or closely associated with an FSA employee? If "YES," provide details in Item 9.		
8. Are you now or have you ever, operated a farm? If "YES," provide number of years and details in Item 9.		
9. Additional answers. Write the Item number to which each answer applies. If you need additional space, use sheets of paper the same size as this page and write the applicant's name on each additional sheet.		

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**10. SPECIAL PROGRAM INFORMATION.**

Certain FSA programs are, by law, designed to reach targeted applicants. If you are interested in any of the programs described here, or have questions about these programs and whether you may qualify for a specific program, the FSA office processing your application will help you.

- A. SOCIALLY DISADVANTAGED APPLICANTS:** A portion of FSA farm ownership, operating, and conservation loan funds are, by law, targeted to applicants who have been subjected to racial, ethnic or gender prejudice because of their identity as a member of a group, without regard to individual qualities. Under the applicable law, groups meeting this condition are: American Indians/Alaskan Natives, Asians, Blacks or African Americans, Native Hawaiians/Other Pacific Islanders, Hispanics and women. In addition, FSA has a down payment program, which receives special funding.
- B. BEGINNING FARMER ASSISTANCE:** FSA has the authority to assist beginning farmers through the farm ownership, operating, and conservation loan programs. A portion of FSA farm ownership, operating, and conservation loan funds are, by law, targeted to beginning farmers. In addition, FSA has a down payment program, which receives special funding. In some States, FSA has agreements with State beginning farmer programs to help meet the credit needs of beginning farmers.
- C. LIMITED RESOURCE LOANS:** Limited resource farm ownership and operating loans are available to qualified applicants. This program provides loans at reduced interest rates to low-income farmers whose operations and resources are so limited that they cannot pay the regular rates for FSA loans. The program is also intended to provide beginning farmers the opportunity to start a successful farming operation.

**11. RIGHTS AND POLICIES.**

- A. RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (Public Law 95-630):** FSA has a right of access to financial records held by financial institutions in connection with providing assistance to you as well as collecting on loans made to you or guaranteed by the Government. Financial records involving your transaction will be available to FSA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required by law.
- B. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT:** Prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.
- C. FEDERAL COLLECTION POLICIES:** Delinquencies, defaults, foreclosures and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The mortgage lender in this transaction, its agents and assigns as well as the Federal Government, its agencies, agents and assigns, are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgaged loan described in the attached application: (1) Report your name and account information to a credit bureau; (2) Assess additional interest and penalty charges for the period of time that payment is not made; (3) Assess charges to cover additional administrative costs incurred by the Government to service your account; (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency or mortgage servicing agency to collect the amount due, foreclose the mortgage, sell the property and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice for litigation; (7) If you are a current or retired Federal employee, take action to offset your salary, or civil service retirement benefits; (8) Refer your debt to the Department of the Treasury for cross-servicing and offset against any amount owed to you by any Federal Agency such as an income tax refund; and (9) Report any resulting written-off debt to the Internal Revenue Service as taxable income. All of these actions can and will be used to recover debts owed to the Federal Government when in its best interests.

**12. RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES:**

- A. The applicant:**
  - (1) Certifies that if any funds, by or on behalf of the applicant, have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, or loan, the applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



**RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES: (CONTINUED)**

(2) Shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including contracts, subcontracts, and subgrants, under grants and loans) and that all subrecipients shall certify and disclose accordingly.

**B.** This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this statement is a prerequisite for making or entering into this transaction. Any person who fails to file the required statement shall be subject to a civil penalty imposed by 31 U.S.C. 1352.

**13. CONTROLLED SUBSTANCES:**

The applicant certifies that as an individual, or any member of an entity applicant, has not been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the previous 5 crop years. See the Food Security Act of 1985 (Public Law 99-198). The applicant also certifies that as an individual, or any member of an entity applicant, is not ineligible for Federal benefits based on a conviction for the distribution of controlled substances or any offense involving the possession of a controlled substance under 21 U.S.C. § 862.

**14. DISQUALIFICATION DUE TO FEDERAL CROP INSURANCE FRAUD:**

The applicant certifies that as an individual or any member of the entity, has not been disqualified for Federal benefits as provided in Section 515(h) of the Federal Crop Insurance Act (FCIA). Applicants who willfully and intentionally provide false or inaccurate information to the Federal Crop Insurance Corporation (FCIC) or to an approved insurance provider with respect to a policy or plan of FCIC insurance, after notice and an opportunity for a hearing on the record, will be subject to one or more of the sanctions described in section 515(h)(3) of FCIA.

**15. TEST FOR CREDIT:**

The applicant certifies that the needed credit, with or without a loan guarantee, cannot be obtained by (1) the individual applicant; (2) in the case of an entity, considering all assets owned by the entity and all of the individual members. The provisions of this paragraph do not apply if the request is for a Conservation Loan.

**16. PERMISSION TO FILE FINANCING STATEMENT:**

Under the Uniform Commercial Code, you do not have to sign the financing statement which allows FSA to obtain a security interest in your property. If the loan is approved and funded, FSA will file a financing statement at the earliest possible date, before you enter into a **SECURITY AGREEMENT. BY SIGNING BELOW OR ITEM 50 OF PART C, I GIVE FSA PERMISSION TO FILE A FINANCING STATEMENT PRIOR TO THE EXECUTION OF THE SECURITY AGREEMENT AS WELL AS TO FILE AMENDMENTS AND CONTINUATIONS OF THE FINANCING STATEMENT THEREAFTER.**

**17. CERTIFICATION:**

*I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith to obtain a loan. (WARNING: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements to the Government. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action).*

18A. SIGNATURE OF INDIVIDUAL APPLICANT OR AUTHORIZED ENTITY REPRESENTATIVES	18B. DATE
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**PART F – FSA USE ONLY**

1. Date FSA-2001 Received	2. Date Application Complete	3. Amount of Credit Report Fee and Date Received \$
4. Type of Assistance Requested:  <input type="checkbox"/> FO <input type="checkbox"/> OL <input type="checkbox"/> CL  <input type="checkbox"/> EM <input type="checkbox"/> Subordination <input type="checkbox"/> Other (Specify):		5. Name of Agency Official Receiving Application



<b>FSA-2002</b> Position 3 (05-05-11)	<b>U.S. DEPARTMENT OF AGRICULTURE</b>  Farm Service Agency
<b>THREE-YEAR FINANCIAL HISTORY</b>	

1. Name	<b>FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.</b>
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<b>A. OPERATING INCOME</b>			
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	20 ___	20 ___	20 ___
1. Crop Sales			
2. Livestock & Poultry Sales			
3. Dairy Livestock Sales			
4. Milk Sales			
5. Livestock Product Sales			
6. Ag. Program Payments			
7. Crop Insurance Proceeds			
8. Custom Hire Income			
9. Other Income			
10. TOTAL OPERATING INCOME			

<b>B. OPERATING EXPENSES</b>			
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1. Car and Truck			
2. Chemicals			
3. Conservation			
4. Custom Hire			
5. Depreciation			
6. Feed Supplement			
7. Feed, Grain and Roughage			
8. Fertilizers and Lime			
9. Freight and Trucking			
10. Gas/Fuel/Oil			
11. Insurance			
12. Labor Hired			
13. Rent - Machinery/Equipment/Vehicle			
14. Rent - Land/Animals			
15. Repairs and Maintenance			
16. Seeds and Plants			
17. Supplies			
18. Taxes - Real Estate			
19. Utilities			
20. Veterinary/Breeding/Medicine			
21. Other Expenses			
22. Other - Irrigation			
23. Interest			
24. TOTAL OPERATING EXPENSES			

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.*

**C. NON-OPERATING**

	20 <u>    </u>	20 <u>    </u>	20 <u>    </u>
1. Owner Withdrawal (Total Family Living Expenses and Non-Farm Debt Payments)			
2. Income Taxes			
3. Non-Farm Income			
4. Non-Farm Expense			

**D. FINANCING**

1. Term Principal Payment			
2. Operating Loan Advance			
3. Term Loan Advance			
4. Operating Loan Payment			

**E. CAPITAL**

1. Capital Sales			
2. Capital Contributions			
3. Capital Expenditures			
4. Capital Withdrawals			

**F. SIGNATURE**

*I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith.*

*Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)*

1. Signature	2. Date
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**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

*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 0560-0327. The time required to complete this information collection is estimated to average 45 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.*

**RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**FSA-2003**  
(03-31-10)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 3

**THREE-YEAR PRODUCTION HISTORY**

1. Name	<b>FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.</b>
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**A. DAIRY PRODUCTION**

1. DAIRY COWS	20 ____	20 ____	20 ____
a. Herd Number			
b. Lbs. of Milk Sold			
c. Average Production Per Cow			
d. Calves Sold			
e. Calves Average Sale Weight			
f. Number of Cows Culled			

**B. LIVESTOCK AND POULTRY PRODUCTION**

1. Livestock Type: _____			
a. Units Raised			
b. Units Purchased			
c. Total Units			
d. Units Sold			
e. Death Loss			
f. Purchase Weight			
g. Sales Weight			
2. Livestock Type: _____			
a. Units Raised			
b. Units Purchased			
c. Total Units			
d. Units Sold			
e. Death Loss			
f. Purchase Weight			
g. Sales Weight			
3. Livestock Type: _____			
a. Units Raised			
b. Units Purchased			
c. Total Units			
d. Units Sold			
e. Death Loss			
f. Purchase Weight			
g. Sales Weight			

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**C. CROP PRODUCTION**

	20 ____	20 __	20 ____
1. Crop _____ Unit _____			
a. Total Yield			
b. Acres			
c. Average Yield			
2. Crop _____ Unit _____			
a. Total Yield			
b. Acres			
c. Average Yield			
3. Crop _____ Unit _____			
a. Total Yield			
b. Acres			
c. Average Yield			
4. Crop _____ Unit _____			
a. Total Yield			
b. Acres			
c. Average Yield			
5. Crop _____ Unit _____			
a. Total Yield			
b. Acres			
c. Average Yield			
6. Crop _____ Unit _____			
a. Total Yield			
b. Acres			
c. Average Yield			
7. Crop _____ Unit _____			
a. Total Yield			
b. Acres			
c. Average Yield			
8. Crop _____ Unit _____			
a. Total Yield			
b. Acres			
c. Average Yield			
9. Crop _____ Unit _____			
a. Total Yield			
b. Acres			
c. Average Yield			

**D. SIGNATURE**

*I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)*

1. Signature	2. Date
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**FSA-2004**  
(03-23-10)

**U. S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 3

**AUTHORIZATION TO RELEASE INFORMATION**

As part of considering a loan or servicing request, the Farm Service Agency (FSA), USDA, may verify information contained in the application and other documents required in connection with the request.

I authorize you to provide to FSA for verification purposes the following applicable information.

- (1) Employment or income records.
- (2) Bank accounts, stock holdings, and any other assets.
- (3) Other credit references.
- (4) Debt and collateral information.

I further authorize FSA to order a credit report and verify any other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., FSA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of the loan. **I also understand that financial records involving the loan and loan application will be available to FSA without further notice or authorization, but will not be disclosed or released by FSA to another Government agency or department or used for another purpose without my consent except as required or permitted by law.**

The information FSA obtains is only to be used to process the request for a loan or servicing assistance. A copy or facsimile of this authorization may be accepted as an original.

Your prompt reply is appreciated.

5A. Name	5B. Signature	5C. Date (MM-DD-YYYY)
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**FSA-2005**  
(03-22-10)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 3

### CREDITOR LIST

**A. INSTRUCTIONS:** List all creditors to whom you are presently indebted, or provide alternate documents that provide the same information. In the case of an entity, the entity and each individual member must complete this form or provide alternate documents.

1. Name:

**B. CREDITORS (Complete a separate entry for each creditor)**

1A. Name and Address	1B. Telephone Number
	1C. Account Number
	1D. Contact Person
2A. Name and Address	2B. Telephone Number
	2C. Account Number
	2D. Contact Person
3A. Name and Address	3B. Telephone Number
	3C. Account Number
	3D. Contact Person
4A. Name and Address	4B. Telephone Number
	4C. Account Number
	4D. Contact Person
5A. Name and Address	5B. Telephone Number
	5C. Account Number
	5D. Contact Person

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6A. Name and Address	6B. Telephone Number
	6C. Account Number
	6D. Contact Person
7A. Name and Address	7B. Telephone Number
	7C. Account Number
	7D. Contact Person
8A. Name and Address	8B. Telephone Number
	8C. Account Number
	8D. Contact Person
9A. Name and Address	9B. Telephone Number
	9C. Account Number
	9D. Contact Person

**C. SIGNATURE**

*I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)*

1. Signature	2. Date
--------------	---------

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This form is available electronically.  
Statements.)

**FSA-2006**  
(03-23-10)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 3

**PROPERTY OWNED AND LEASED**

1. Name of Applicant

**A. LAND. Include all land owned, to be owned, or leased.**

1A. Owner of Record		1B. Description				1C. County	
---------------------	--	-----------------	--	--	--	------------	--

1D. Farm No.	1E. Total Acres	1F. Crop Acres	1G. Oral/ Written Lease	1H. Crop Share  %	1I. Cash Rent  \$	1J. Expiration Date
--------------	-----------------	----------------	----------------------------	-------------------------	-------------------------	---------------------

2A. Owner of Record		2B. Description				2C. County	
---------------------	--	-----------------	--	--	--	------------	--

2D. Farm No.	2E. Total Acres	2F. Crop Acres	2G. Oral/ Written Lease	2H. Crop Share  %	2I. Cash Rent  \$	2J. Expiration Date
--------------	-----------------	----------------	----------------------------	-------------------------	-------------------------	---------------------

3A. Owner of Record		3B. Description				3C. County	
---------------------	--	-----------------	--	--	--	------------	--

3D. Farm No.	3E. Total Acres	3F. Crop Acres	3G. Oral/ Written Lease	3H. Crop Share  %	3I. Cash Rent  \$	3J. Expiration Date
--------------	-----------------	----------------	----------------------------	-------------------------	-------------------------	---------------------

4A. Owner of Record		4B. Description				4C. County	
---------------------	--	-----------------	--	--	--	------------	--

4D. Farm No.	4E. Total Acres	4F. Crop Acres	4G. Oral/ Written Lease	4H. Crop Share  %	4I. Cash Rent  \$	4J. Expiration Date
--------------	-----------------	----------------	----------------------------	-------------------------	-------------------------	---------------------

5A. Owner of Record		5B. Description				5C. County	
---------------------	--	-----------------	--	--	--	------------	--

5D. Farm No.	5E. Total Acres	5F. Crop Acres	5G. Oral/ Written Lease	5H. Crop Share  %	5I. Cash Rent  \$	5J. Expiration Date
--------------	-----------------	----------------	----------------------------	-------------------------	-------------------------	---------------------

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FSA-2037  
(11-04-10)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency

Position 3

**FARM BUSINESS PLAN WORKSHEET**

Balance Sheet

1. NAME	2. Date of Balance Sheet
---------	--------------------------

A – CURRENT ASSETS					B – CURRENT LIABILITIES					
1A. Cash and Equivalents					\$ Value	2A. Accounts Payable				\$ Amount
1B. Marketable Bonds and Securities										
1C. Accounts Receivable						2B. Income Taxes Payable				
						2C. Real Estate Taxes Payable				
1D. Crop Inventory		1E. Measure	1F. # Units	1G. \$/Unit	\$ Value	<b>Notes Payable Due Within 12 Months</b>				
						2D. Creditor			2E. Purpose	
						2F. Interest Rate	2G. Accrued Interest	2H. Payment Amount	2I. Next Payment Date	2J. Principal Balance
						(1)				
1H. Growing Crops			1I. # Acres	1J. Cost/Acre	\$ Value	(2)				
						(3)				
						(4)				
1K. Market Livestock-Poultry		1L. # Head	1M. Weight	1N. \$/Unit	\$ Value					
					2K. Accrued Interest On:					\$ Amount
					(1) Current Liabilities					
					(2) Intermediate Liabilities					
					(3) Long Term Liabilities					
1O. Livestock Products		1P. Measure	1Q. # Units	1R. \$/Unit	\$ Value	2L. Current Portion of Principal Due On:				
						(1) Intermediate Liabilities				
						(2) Long Term Liabilities				
1S. Prepaid Expenses and Supplies						2M. Other Current Liabilities				
1T. Other Current Assets										
<b>1U. TOTAL CURRENT ASSETS (Items 1A through 1T)</b>						<b>2N. TOTAL CURRENT LIABILITIES (Items 2A through 2M)</b>				

C – INTERMEDIATE ASSETS					E – INTERMEDIATE LIABILITIES					
3A. Machinery & Equipment/Farm Vehicles (Entered on Page 4)					5A. Creditor			5B. Purpose		
3B. Breeding Stock	3C. Raised/Purch	3D. # Head	3E. \$/Head	\$ Value	5C. Interest Rate	5D. Accrued Interest	5E. Payment Amount	5F. Next Payment Date	5G. Principal Balance	
					(1)					
					(2)					
					(3)					
3F. Notes Receivable					(4)					
					(5)					
3G. Not Readily Marketable Bonds and Securities										
					(6)					
3H. Other Intermediate Assets					(7)					
<b>3I. TOTAL INTERMEDIATE ASSETS (Items 3A through 3H)</b>					<b>5H. TOTAL INTERMEDIATE LIABILITIES (Item 5G (1 through 7))</b>					
D – LONG TERM ASSETS					F – LONG TERM LIABILITIES					
4A. Building and Improvements					\$ Value	6A. Creditor			6B. Purpose	
						6C. Interest Rate	6D. Accrued Interest	6E. Payment Amount	6F. Next Payment Date	6G. Principal Balance
						(1)				
						(2)				
4B. Real Estate-Land	4C. Total Acres	4D. Crop Acres	4E. %Owned	4F. \$/Acre						
						(3)				
						(4)				
						(5)				
						(6)				
4G. Other Long Term Assets				\$ Value	(7)					
<b>4H. TOTAL LONG TERM ASSETS (Items 4A through 4G)</b>					<b>6H. TOTAL LONG TERM LIABILITIES (Item 6GA (1 through 7))</b>					
<b>4I. TOTAL FARM ASSETS (From Items 1U, 3I and 4H)</b>					<b>6I. TOTAL FARM LIABILITIES (From Items 2N, 5H, and 6H)</b>					
					<b>6J. TOTAL FARM EQUITY (Item 4I minus Item 6I)</b>					

G – PERSONAL ASSETS		H – PERSONAL LIABILITIES				
	\$ Value	8A. Creditor			8B. Purpose	
		8C. Interest Rate	8D. Accrued Interest	8E. Payment Amount	8F. Next Payment Date	8G. Principal Balance
7A. Cash and Equivalents						
7B. Stocks, Bonds		(1)				
7C. Cash Value Life Insurance						
7D. Other Current Assets		(2)				
7E. Household Goods						
7F. Car, Recreational Vehicle, Etc.		(3)				
7G. Other Intermediate Assets						
7H. Retirement Accounts		(4)				
7I. Non-Farm Business						
7J. Non-Farm Real Estate		8H. Other Liabilities				
7K. Other Long Term Assets						
<b>7L. TOTAL PERSONAL ASSETS (Items 7A through 7K)</b>		<b>8I. TOTAL PERSONAL LIABILITIES</b>				
<b>7M. TOTAL ASSETS (Item 4I and Item 7L)</b>		<b>8J. TOTAL LIABILITIES (Item 6I and Item 8I)</b>				
		<b>8K. TOTAL EQUITY (Item 7M minus Item 8J)</b>				

**I - WARNING**

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9A. SIGNATURE	9B. DATE
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10. COMMENTS

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Statements.)

**FSA-2038**  
(03-24-10)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 3

**FARM BUSINESS PLAN WORKSHEET**

Projected/Actual Income and Expense

1. NAME	2. For Production Cycle Beginning: _____ 20 ____ Thru: _____ 20 ____	<input type="checkbox"/> Projected <input type="checkbox"/> Actual
---------	--	---

**A - INCOME**

**1. Crop Sales:**

1A. Description	Production				1F. Farm Use	Purchases			Sales		
	1B. Acres	1C. Yield	1D. % Share	1E. # Units		1G. # Units	1H. \$/Unit	1I. Total \$	1J. # Units	1K. \$/Unit	1L. Total \$

**2. Livestock and Poultry Sales:**

2A. Description	2B. Purch/Raised		2C. # Units	Purchases			2G. Death Loss	Sales				
	P	R		2D. Weight	2E. \$/Unit	2F. Total \$		2H. # Units	2I. Weight	2J. \$/Unit	2K. Total \$	

**3. Dairy Livestock Sales:**

3A. Description	3B. Purch/Raised		3C. # Head	Purchases			3G. Death Loss	Sales				
	P	R		3D. Weight	3E. \$/Unit	3F. Total \$		3H. # Units	3I. Weight	3J. \$/Unit	3K. Total \$	

**4. Milk Sales:**

4A. Description	4B. # Head	4C. Production/Head/Year	4D. Total Production	4E. Price	4F. Sales \$

**5. Livestock Product Sales:**

5A. Description	5B. Production	5C. Measure	Sales		
			5D. Units	5E. \$/Unit	5F. Total \$

<b>A - INCOME (Continued)</b>			
6. Ag Program Payments	\$ Amount	8. Custom Hire Income	\$ Amount
7. Crop Insurance Proceeds	\$ Amount	9. Other Income	\$ Amount
		10. Total Income (Items 1 through 9)	

<b>B - EXPENSES</b>			
	\$ Amount		\$ Amount
11. Car and Truck		23. Rent – Land/Animals	
12. Chemicals		24. Repairs and Maintenance	
13. Conservation		25. Seeds and Plants	
14. Custom Hire		26. Supplies	
15. Feed Supplement		27. Taxes – Real Estate	
16. Feed, Grain and Roughage		28. Utilities	
17. Fertilizers and Lime		29. Veterinary/Breeding/Medicine	
18. Freight and Trucking		30. Other Expenses	
19. Gas/Fuel/Oil		31. Other - Irrigation	
20. Insurance			
21. Labor Hired			
22. Rent – Machinery/Equipment/Vehicles		32. Interest	
		33. Total Expenses (Items 11 through 32)	

<b>C – NON-OPERATING</b>			
34. Owner Withdrawal (Total Family Living Expenses and Non-Farm Debt Payments)		36. Non-Farm Income	
35. Income Taxes		37. Non-Farm Expense	

<b>D - CAPITAL</b>			
38. Capital Sales		40. Capital Expenditures	
39. Capital Contributions		41. Capital Withdrawals	

**E - WARNING**  
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42A. SIGNATURE	42B. DATE
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**FSA-2302**  
(03-22-10)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 3

**DESCRIPTION OF FARM TRAINING AND EXPERIENCE**

**INSTRUCTIONS: For new applicants or applicants adding new enterprise only.**

1. NAME:

2. TRAINING: Describe completed farm training. Include any courses or training in production or financial management.

3. EXPERIENCE: Describe farm experience. Include the type of operation where experience was gained and the duties and responsibilities of the position held.

4A. SIGNATURE

4B. DATE

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*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 0560-0237. The time required to complete this information collection is estimated to average 20 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.*



This form is available electronically.

(See page 3 for Privacy Act and Public Burden Statements.)

**FSA-2309**  
(01-20-11)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 3

**CERTIFICATION OF DISASTER LOSSES**

1. NAME	2. DISASTER NUMBER	3. CROP YEAR	4. DATE(S) AND NATURE OF DISASTER
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5. CROP PRODUCTION FOR THE DISASTER YEAR AND 3 PRECEDING YEARS:

A.  Crops (List total acres and yields per acre of all crops)	B.  Units (tons, bushels, pounds)	DISASTER YEAR		E. PREVIOUS 3 YEAR ACTUAL PRODUCTION AND SOURCE CODE *			FOR FSA USE ONLY	
		C.  Acres	D.  Yield per Acre	(1) Year:	(2) Year:	(3) Year:	F.  APH Insured Yield per Acre	G.  Normal Year Yield
				Yield per Acre and Source Code	Yield per Acre and Source Code	Yield per Acre and Source Code		
(1) CASH CROPS:								
(2) FEED CROPS:								
(3) OTHER (i.e., pasture)								

\*Source Codes: "1" Owner's Records "2" FSA Program Yield "3" County/State Average

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6. **APPLICANT'S IDENTIFICATION OF A SINGLE ENTERPRISE SUFFERING DISASTER LOSSES:**  
*The single farming enterprise which is \_\_\_\_\_ does normally generate sufficient income to be considered essential to the success of my total farming operations.*

7. **PHYSICAL LOSSES OR DAMAGES TO PROPERTY:** *Describe below the damages and losses to property other than growing crops. Provide the estimated dollar value of losses suffered and attach actual estimate for repair or replacement of the damaged property. NOTE: Physical losses are limited to property in which the applicant has an ownership interest.*

A(1) Dwelling(s):	Estimated dollar value of losses A(2) \$
B(1) Household furnishings, equipment and personal effects ( <i>Specify Type</i> ):	Estimated dollar value of losses B(2) \$
C(1) Farming buildings ( <i>Specify Type</i> ):	Estimated dollar value of losses C(2) \$
D(1) Farm machinery and equipment ( <i>Specify make, model and year</i> ):	Estimated dollar value of losses D(2) \$
E(1) Supplies, harvested or stored crops and livestock products ( <i>Specify Type</i> ):	Estimated dollar value of losses E(2) \$
F(1) Livestock and poultry ( <i>Specify type and number</i> ):	Estimated dollar value of losses F(2) \$
G(1) Aquatic organisms ( <i>Specify type and number</i> ):	Estimated dollar value of losses G(2) \$
H(1) Perennial crops ( <i>Specify type and number</i> ):	Estimated dollar value of losses H(2) \$
I(1) Other farm property, e.g., fences, land damage, debris removal ( <i>Specify Type</i> ):	Estimated dollar value of losses I(2) \$
<b>8. TOTAL PHYSICAL LOSSES:</b>	<b>\$</b>

9. REMARKS:

10. <b>INSURANCE AND OTHER COMPENSATION:</b> Itemize in detail all insurance claims and settlements, and all other compensation, e.g., FSA disaster program payments and benefits, and FCIC settlements, received or to be received for losses incurred by the disaster.		
A. SOURCE	B. CROP OR PROPERTY	C. DOLLAR AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>D. TOTAL INSURANCE AND OTHER COMPENSATION:</b>		\$

11. <b>FARM INFORMATION:</b> List the FSA farm number, county where farm is located, name of farm operator as reflected by FSA records, and the percentage of ownership you have in the crops produced on each farm.				
A. FSA Farm Number	B. County Farm is Located	C. Name of Farm Operator as Reflected by FSA Records	D. Operator's Share of Crops	E. FOR FSA USE ONLY (For Remarks)
			%	
			%	
			%	
			%	
			%	
			%	
			%	
			%	
			%	

**12. I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)**

13A. Signature	13B. Date
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**FSA-2310**  
(03-22-10)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 3

**LENDER'S VERIFICATION OF LOAN APPLICATION  
(Emergency Loan Use)**

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

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**PART A - APPLICANT'S REQUEST**

1. I, (a) \_\_\_\_\_, hereby request the following be provided to the U.S. Department of Agriculture, Farm Service Agency (FSA) for use in processing my application for an Emergency Loan (EM) in the amount of (b) \_\_\_\_\_ to be used for (c) \_\_\_\_\_.

2. APPLICANT'S SIGNATURE

3. DATE

**PART B - LENDER'S VERIFICATION**

1. If the applicant is presently indebted, list debts owed.

A. Principal Balance \$	B. Accrued Interest \$	C. As of (Date)	D. Amount Delinquent \$	E. Annual Installment \$	F. Interest Rate (Insert an "*" for variable rate)	G. Daily Interest Accrual \$	H. Maturity Date

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2. Are you willing to continue your loans with the applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A. If "YES", under what conditions?			
B. If "NO", why not?			
3. Describe collateral for debt(s) as listed in Item B1:			
4. Has the applicant requested a loan from your lending institution to be used as specified in Part A? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete Items 4A through 4F.			
A. Amount \$	B. Interest Rate %	C. Terms	D. Date of Last Request
E. Purpose		F. Collateral Offered	
5. Was the applicant's request approved? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A. Amount \$	B. If "NO", why not?		
6. If the applicant cannot qualify for your regular loans, are you willing to consider a loan with an FSA guarantee? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. Remarks			
<b>PART C - ACKNOWLEDGMENT</b>			
1. Name and Address of Lender		2. Title of Lender's Representative	
3. Signature of Lender's Representative		4. Date	

**REQUEST FOR ENVIRONMENTAL INFORMATION**

Name of Project
Location

- Item 1a.** Has a Federal, State, or Local Environmental Impact Statement or Analysis been prepared for this project?  
 Yes  No  Copy attached as EXHIBIT I-A.
- 1b.** If "No." provide the information requested in Instructions as EXHIBIT I.
- Item 2.** The State Historic Preservation Officer (SHPO) has been provided a detailed project description and has been requested to submit comments to the appropriate Rural Development Office.  Yes  No Date description submitted to SHPO \_\_\_\_\_
- Item 3.** Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site(s)? (Check appropriate box for every item of the following checklist).

	Yes	No	Unknown		Yes	No	Unknown
1. Industrial .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Dunes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commercial .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Estuary .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residential.. .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Wetlands .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agricultural .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Floodplain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Grazing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Wilderness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mining, Quarrying .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(designated or proposed under the Wilderness Act)</i>			
7. Forests .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Wild or Scenic River .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recreational .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(proposed or designated under the Wild and Scenic Rivers Act)</i>			
9. Transportation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Historical, Archeological Sites .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Parks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(Listed on the National Register of Historic Places or which may be eligible for listing)</i>			
11. Hospital .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Critical Habitats .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Schools .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(endangered /threatened species)</i>			
13. Open spaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Wildlife .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Aquifer Recharge Area .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Air Quality .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Steep Slopes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Solid Waste Management .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Wildlife Refuge .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Energy Supplies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Shoreline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Natural Landmark .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Beaches .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(Listed on National Registry of Natural Landmarks)</i>			
				32. Coastal Barrier Resources System .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Item 4.** Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities?  Yes  No

\_\_\_\_\_  
(Date)

Signed: \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Title)

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## INSTRUCTIONS FOR PREPARING FORM RD 1940-20

Federal agencies are required by law to independently assess the expected environmental impacts associated with proposed Federal actions. It is extremely important that the information provided be in sufficient detail to permit Rural Department to perform its evaluation. Failure to provide sufficient data will delay agency review and a decision on the processing of your application.

This information request is designed to obtain an understanding of the area's present environmental condition and the project's elements that will affect the environment. Should you believe that an item does not need to be addressed for your project, consult with the RD office from which you received this Form before responding. In all cases when it is believed that an item is not applicable, explain the reasons for this belief.

It is important to understand the comprehensive nature of the information requested. Information must be provided for a) the site(s) where the project facilities will be constructed and the surrounding areas to be directly and indirectly affected by its operation and b) the areas affected by any primary beneficiaries of the project. The amount of detail should be commensurate with the complexity and size of the project, and the magnitude of the expected impact. Some examples:

A small community center project may not require detailed information on air emissions, meteorological conditions and solid waste management.

A water resource, industrial development, or housing development project will require detailed information.

Item 1a - Compare the Environmental Impact Statement or Analysis that was previously prepared with the information requested in the instructions for Item 1b below to be sure that every point in the information request is covered in the Environmental Impact Statement or Analysis. If any of the requested information is not covered, attach to the Environmental Impact Statement or Analysis a supplemental document that corrects any deficiencies or omissions.

Item 1b - Provide responses to the following items in the order listed and attach as EXHIBIT I. In order to understand the full scope of the land uses and environmental factors that need to be considered in responding to these items, it may be helpful to complete Item 3 of the Form before completing these narrative responses. If your application is for a project that Rural Development has classified as a Class I action, complete only parts (1), (2), (13), (15), (16), and (17) of this Item. The Rural Development office from which you received this Form can tell you if your application falls within the Class I category.

### (1) Primary Beneficiaries

Identify any existing businesses or major developments that will benefit from the proposal, and those which will expand or locate in the area because of the project. These businesses or major developments hereafter will be referred to as primary beneficiaries.

(2) Area Description

- (a) Describe the size, terrain, and present land uses as well as the adjacent land uses of the areas to be affected. These areas include the site(s) of construction or project activities, adjacent areas, and areas affected by the primary beneficiaries.
- (b) For each box checked “Yes” in item 3, describe the nature of the effect on the resource. If one or more of boxes 17 through 22 is checked “Yes” or “Unknown,” contact Rural Development for instructions relating to the requirements imposed by the Floodplain Management and Wetland Protection Executive Orders.
- (c) Attach as Exhibit II the following: 1) a U.S. Geological Survey “15 minute” (“7 1/2 minute” if available) topographic map which clearly delineates the area and the location of the project elements; 2) the Federal Emergency Management Administration’s floodplain map(s) for the project area; 3) site photos; 4) if completed, a standard soil survey for the project area; and 5) if available, an aerial photograph of the site. If a floodplain map is not available, contact Rural Development for additional instructions relating to the requirements imposed by the Floodplain Management Executive Order.

(3) Air Quality

- (a) Provide available air quality data from the monitoring station(s) either within the project area or, if none exist nearest the project area.
- (b) Indicate the types and quantities of air emissions to be produced by the project facilities and its primary beneficiaries. If odors will occur, indicate who will be affected.
- (c) Indicate if topographical or meteorological conditions hinder the dispersal of air emissions.
- (d) Indicate the measures to be taken to control air emissions.

(4) Water Quality

- (a) Provide available data on the water quality of surface or underground water in or near the project area.
- (b) Indicate the source, quality, and available supply of raw water and the amount of water which the project is designed to utilize.
- (c) Describe all of the effluents or discharges associated with the project facilities and its primary beneficiaries. Indicate the expected composition and quantities of these discharges prior to any treatment processes that they undergo and also prior to their release into the environment.

- (d) Describe any treatment systems which will be used for these effluents and indicate their capacities and their adequacy in terms of the degree and type of treatment provided. Indicate all discharges which will not be treated. Describe the receiving waters and their uses (e.g., recreational) for any sources of treated and untreated discharge.
  - (e) If the treatment systems are or will be inadequate or overloaded, describe the steps being taken for necessary improvements and their completion dates.
  - (f) Describe how surface runoff will be handled if not discussed in (d) above.
- (5) Solid Waste Management
- (a) Indicate the types and quantities of solid wastes to be produced by the project facilities and its primary beneficiaries.
  - (b) Describe the methods for disposing of these solid wastes plus the useful life of such methods.
  - (c) Indicate if recycling or resource recovery programs are or will be used.
- (6) Transportation
- (a) Briefly describe the available transportation facilities serving the project area.
  - (b) Describe any new transportation patterns which will arise because of the project.
  - (c) Indicate if any land uses, such as residential, hospitals, schools or recreational, will be affected by these new patterns.
  - (d) Indicate if any existing capacities of these transportation facilities will be exceeded. If so, indicate the increased loads which the project will place upon these facilities, particularly in terms of car and truck traffic.
- (7) Noise
- (a) Indicate the major sources of noise associated with the project facilities and its primary beneficiaries.
  - (b) Indicate the land uses to be affected by this noise.
- (8) Historic/Archeological Properties
- (a) Identify any known historic/archeological resources within the project area that are either listed on the National Register of Historic Places or considered to be of local and state significance and perhaps eligible for listing in the National Register.
  - (b) Attach as EXHIBIT III any historical/archeological survey that has been conducted for the project area.

(9) Wildlife and Endangered Species

- (a) Identify any known wildlife resources located in the project area or its immediate vicinity.
- (b) Indicate whether to your knowledge any endangered or threatened species or critical habitat have been identified in the project area or its immediate vicinity.

(10) Energy

- (a) Describe the energy supplies available to the project facilities and the primary beneficiaries.
- (b) Indicate what portion of the remaining capacities of these supplies will be utilized.

(11) Construction

Describe the methods which will be employed to reduce adverse impacts from construction, such as noise, soil erosion and siltation.

(12) Toxic Substances

- (a) Describe any toxic, hazardous, or radioactive substances which will be utilized or produced by the project facilities and its primary beneficiaries.
- (b) Describe the manner in which these substances will be stored, used, and disposed.

(13) Public Reaction

- (a) Describe any objections which have been made to the project.
- (b) If a public hearing has been held, attach a copy of the transcript as EXHIBIT IV. If not, certify that a hearing was not held.
- (c) Indicate any other evidence of the community's awareness of the project such as through newspaper articles or public notification.

(14) Alternatives to the Proposed Project

Provide a description of any of the following types of alternatives which were considered:

- (a) Alternative locations.
- (b) Alternative designs.
- (c) Alternative projects having similar benefits.

(15) Mitigation Measures

Describe any measures which will be taken to avoid or mitigate any adverse environmental impacts associated with the project.

(16) Permits

- (a) Identify any permits of an environmental nature which are needed for the project.
- (b) Indicate the status of obtaining each such permit and attach as EXHIBIT V any that have been received.

(17) Other Federal Actions

Identify other federal programs or actions which are either related to this project or located in the same geographical area and for which you are filing an application, have recently received approval, or have in the planning stages.

Item 2 - All applicants are required to provide the State Historic Preservation Officer (SHPO) with (a) a narrative description of the project's elements and its location, (b) a map of the area surrounding the project which identifies the project site, adjacent streets and other identifiable objects, (c) line drawings or sketches of the project and (d) photographs of the affected properties if building demolition or renovation is involved. This material must be submitted to the SHPO no later than submission of this Form to Rural Development . Additionally, the SHPO must be requested to submit comments on the proposed project to the Rural Development office processing your application.

Item 3 - Self-explanatory.

Item 4 - Self-explanatory.



FSA-2370  
(03-23-10)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency

Position 3

### REQUEST FOR WAIVER OF BORROWER TRAINING REQUIREMENTS

#### PART A – WAIVER REQUEST

FSA may waive the financial and/or production training requirements if the applicant has:

- (1) successfully completed a financial management training program. Applicant must submit evidence of having completed a similar course as those approved by FSA, including description of content and subjects covered in the course, grade received, or certificate of completion.
- (2) experience and/or training which demonstrates the abilities necessary for successful and efficient production. Applicant must submit, at a minimum, production records for the past 3 years and explain how the production records demonstrate production ability.

1. I (a) \_\_\_\_\_ request FSA grant a waiver from (b)  financial management and/or (c)  production borrower training requirements, contained in 7 CFR 764, based on (d)  the attached documentation, or (e)  the following:

2A. Signature

2B. Date (MM-DD-YYYY)

#### PART B – FSA USE ONLY

3A. FSA's Decision:

**APPROVED:**     Financial Management     Production

**DENIED:**       Financial Management     Production

3B. If Denied, Reason for Denial

4A. Name

4B. Title

4C. Signature

4D. Date (MM-DD-YYYY)

**Note:** *The following is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

*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. The valid OMB control number for this information collection is 0560-0237. 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 reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

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