

**REJECTED AND WITHDRAWN SDA APPLICATION REVIEW GUIDE**  
**Farm Loan Programs**

Applicant Name \_\_\_\_\_ Program Type  Direct  Guaranteed

Race  Am Indian/AK Native  Asian  Black/African Am  Nat Hawaiian/Pac Islander  White

Ethnicity  Hispanic or Latino  Not Hispanic or Latino Gender  Male  Female

County Office \_\_\_\_\_ District \_\_\_\_\_ Loan Type  OL  FO

Credit Officer \_\_\_\_\_ Farm Loan Manager \_\_\_\_\_

Date Received \_\_\_\_\_ Date Incomp Letter \_\_\_\_\_ Date of 10 Day letter \_\_\_\_\_

Date Complete \_\_\_\_\_ Date Elig. Determin \_\_\_\_\_ Date Final Disposition \_\_\_\_\_

Direct Application Tracking Averages or GLS Guaranteed Loan Average Processing Times as of _____			
Average Processing Days	Rcvd to Complete	Complete to Disposition	Rcvd to Disposition
This Application			
County Average to Date			
State Average to Date			

Timeliness and Processing Subject Areas	YES	NO	NA
1. Was an eligibility determination made within 30 days of a complete application?			
2. Was a final determination made within 60 days of a complete application?			
3. Was a final determination made within 45 days of a complete application?			
4. If Question 3 is "No," is the reason for delay accurately entered in the MAC system, and GLS system for guaranteed loans?			
5. If application was received incomplete, was applicant notified with proper series of letters following the time frames specified in FmHA Instruction 1910-A, Section 1910.4 (e)(3), or Paragraph 97 of FSA Handbook 2-FLP?			
6. If application was received incomplete, and applicant was sent both the 20 day incomplete letter and the second 10-day withdrawal letter, did the 10-day withdrawal letter contain the ECOA statement?			
7. If the application was voluntarily withdrawn, was the application withdrawal confirmed in writing with the ECOA statement in the confirmation letter?			
8. Was this loan rejected for proper reasons, (i.e. lack of farm training, experience or education, inadequate repayment ability, inadequate security, etc.)?			
9. Was the reason for rejection specific and accurate, and was it supported with a citation to the applicable regulation?			
10. Did the Agency Official have the authority to reject the loan?			
11. Was the appropriate rejection letter specified in FSA Handbook 1-APP used?			

Timeliness and Processing Subject Areas		YES	NO	NA
12.	Were the applicants properly notified of their reconsideration, mediation, and appeal rights within the time frame allowed?			
13.	For cases involving mediation, were the applicants properly and accurately notified of the correct amount of time remaining to file an appeal with NAD?			
14.	For applicants who appealed, were all the procedures set forth in FSA Handbook 1-APP followed, including the appropriate time frame?			
15.	Is there evidence that the applicant appropriately received their appeal rights, rather than being inappropriately encouraged to withdraw their application?			
16.	Is there evidence that the applicant was subject to any form of intimidation, harassment, mistreatment, or any other similar action to encourage the applicant to voluntarily withdraw their application, rather than rejecting the application and affording the applicant an opportunity to exercise their appeal rights?			
17.	Was this applicant file found within a file of all rejected and withdrawn applicants maintained by the County Office?			
18.	Was this application mishandled, or the subject of FSA errors in processing?			
19.	If Question 3 is "No," or the processing time is significantly different than the County or State average, describe the reasons why the decision was not made within 45 days of a complete application, and the actions to be taken to correct this untimeliness.			
20.	If Question 18 is "Yes," what actions are to be taken to correct the mishandling or errors in processing?			
21.	Is there any appearance that this application was the subject of inequitable treatment, disparate treatment, intimidation, harassment, or discrimination?			
22.	Is there any appearance reflecting a pattern or practice of inequitable treatment, disparate treatment, intimidation, harassment, or discrimination in this Office?			
Comments, findings, and responses to above questions:				

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date