

(Use Agency Letterhead format with local return address.)

[Name and Address]

**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/mainservlet>.

- 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, 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) Evidence that you have recently applied with a commercial lender for a loan at their rates and terms for similar purposes, and have been denied.

Note: EM loans have different credit elsewhere requirements. (See Item 22)

If FSA believes you or the members of the entity can obtain commercial credit based on the financial information provided, you may be asked to apply with another lender or FSA may contact lenders interested in assisting you under FSA's Guaranteed Loan Program.

- 6) 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.

- 7) 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.
- 8) 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.

- 9) FSA-2005, "Creditor List".
- 10) 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.
- 11) 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.
- 12) 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.
- 13) Most recent account statement for credit cards, loans, and all other bank accounts. Any original documents you submit will be returned to you.
- 14) Credit Report Fee made payable to the Farm Service Agency for the type of applicant:
Individual \$ _____ Joint \$ _____ or Commercial \$ _____
- 15) SF-3881, "ACH Vendor/Miscellaneous Payment Enrollment Form", or Form SF-1199A, "Direct Deposit Sign-Up", for electronic funds transfer.
- 16) FSA-2302, "Description of Farm Training and Experience," For entity applicants, provide for each individual member involved in managing or operating the farm.
- 17) FSA-2370, "Request for Waiver of Borrower Training Requirements".
- 18) Verification of any other non-farm income (i.e., social security, rental income, pension).

- 19) RD-1940-20, "Request for Environmental Information".
- 20) 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.)
- 21) 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.
- 22) For emergency loans only:
 - FSA-2309, "Certification of Disaster Losses".
 - FSA-2310, "Lender's Verification of Loan Application".
- 23) Other

A DECISION CANNOT BE MADE ON A LOAN REQUEST WITHOUT ALL INFORMATION REQUESTED IN THIS LETTER

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
(04-13-10)

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 Telephone Number:	5. Annual Income \$	7. Veteran Status YES <input type="checkbox"/> Dates: _____ Branch: _____ NO <input type="checkbox"/>
	6. Number of Household Members	

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
Telephone Number (Area Code)		5H. Annual Income \$		
*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
Telephone Number (Area Code)		5H. Annual Income \$		
*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
Telephone Number (Area Code)		5H. Annual Income \$		
*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
Telephone Number (Area Code)		5H. Annual Income \$		
*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 and operating 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 and operating loan programs. A portion of FSA farm ownership and operating 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.

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
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"/> EM <input type="checkbox"/> Subordination <input type="checkbox"/> Other (Specify)		5. Name of Agency Official Receiving Application

FSA-2301 (12-31-07)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency
REQUEST FOR YOUTH LOAN	

PART A - APPLICANT INFORMATION

1. EXACT FULL LEGAL NAME	2. ADDRESS		
3. COUNTY OF PROJECT			
4. SOCIAL SECURITY NUMBER	5. BIRTH DATE	6. TELEPHONE NUMBER	
7. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <i>(INCLUDING SINGLE, DIVORCED, AND WIDOWED)</i>		8. AMOUNT OF LOAN REQUEST \$	

		YES	NO
9. Are you a citizen of the United States? If "NO", appropriate documentation must be submitted for a United States non-citizen national, or a qualified alien under applicable Federal immigration laws.			
10. Have you ever obtained a direct or guaranteed farm loan from the Farm Service Agency (FSA)?			
11. Are you delinquent on any Federal debt or do you have any outstanding Federal judgments? If "YES", provide details in Item 17.			
12. Have you ever had any FSA direct or guaranteed farm loan debt forgiven through a write-off, debt settlement, compromise, write-down, charge-off, adjustment, reduction, or bankruptcy? If "YES", provide details in Item 17.			
13. Are you currently employed? If "YES", provide employer's name, address, phone number, amount of annual income, and if employment is full or part-time in Item 17.			
14. Are you an FSA employee or are you related to or closely associated with any FSA employee? If "YES", explain in Item 17.			
15. Are you an active member of FFA, 4-H or other agriculture related organizations? If "YES", provide name of organization in Item 17.			
16. Are you a Veteran?			

17. ADDITIONAL ANSWERS. Write the item number to which each answer applies. If you need more space, use additional sheets of paper the same size as this page. On each sheet, write your name.

18. BRIEF DESCRIPTION OF PROJECT. *(Beginning date of project, name of organization and project plans.)*

VOLUNTARY INFORMATION

VOLUNTARY INFORMATION FOR MONITORING PURPOSES: Race, ethnicity and gender information is requested by the Federal Government in order to monitor FSA's compliance with Federal laws prohibiting discrimination against loan applicants. You are not required to furnish this information, but are encouraged to do so. Failure to complete this information may result in you not receiving access to targeted funds for which you may have been eligible. This information will not be used in evaluating your application or to discriminate against you in any way. If you do not furnish it, FSA is required to note your race, ethnicity and gender on the basis of observer identification. *(*This data is requested for statistical purposes only. One or more boxes may be selected.)*

19A. *ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	19B. *RACE <i>(Choose as many boxes as applicable)</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American	19C. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	19D. FOR FSA USE ONLY <input type="checkbox"/> Provided <input type="checkbox"/> Observed
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ANNUAL INCOME AND EXPENSES

20. INCOME:	
A. DESCRIPTION:	B. \$ Amount
21. Total:	

22. EXPENSES:	
A. DESCRIPTION:	B. \$ Amount
23. Total:	
24. Annual Total Income from Item 21:	
25. Annual Total Expenses from Item 23: (-)	
26. Annual Amount of Payments Due (Including this loan): (-)	
27. Ending Cash Balance (Subtract Item 25 and Item 26 from Item 24):	

ASSETS AND DEBTS

28. ASSETS:		30. DEBTS:	
A. DESCRIPTION:	B. \$ Amount	A. DESCRIPTION:	B. \$ Amount
29. TOTAL ASSETS:		31. TOTAL DEBTS:	
32. Total Assets from Item 28:			
33. Total Debts from Item 30: (-)			
34. Net Worth (Subtract Item 33 from Item 32):			

35. SPECIAL PROGRAM INFORMATION

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

SOCIALLY DISADVANTAGED APPLICANTS: A portion of FSA farm ownership and operating 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/African Americans, Native Hawaiians/Other Pacific Islanders, Hispanics, and Woman.

36. GENERAL INFORMATION

- A. RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (TITLE XI, 1113(h) OF PUB. L. 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 borrowers on the basis of race, color, religion, sex, national origin, marital status, age (provided the borrower has the capacity to enter into a binding contract), because all or a part of the borrower's income derives from any public assistance program, or because the borrower 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.

37. CERTIFICATIONS

A. ABUSE OF CONTROLLED SUBSTANCES

I certify that as an individual, or as a member of an entity, I have 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 (Pub. L. 99-198). I also certify that as an individual, or as a member of an entity, I am 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.

B. PERMISSION TO FILE A 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 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.**

C. 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.

D. RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES:

1. The loan applicant certifies that: if any funds, by or on behalf of the loan applicant, have been or will be paid to any persons 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 loan applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
2. The loan applicant 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 disclosure accordingly.
3. 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 imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty,

38. WARNING

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.)

39A. SIGNATURE	39B. DATE
----------------	-----------

PART B - PROJECT ADVISOR RECOMMENDATION

40A. Project Advisor - I agree to sponsor the applicant on this project and provide supervision for the duration of the loan. *(Describe how you plan to assist the applicant, such as monthly meetings, financial planning, and management advice.)*

40B. Name	40C. Signature
40D. Phone Number	40E. Date

PART C - PARENT/GUARDIAN RECOMMENDATION

41A. Parent/Guardian - I recommend the applicant and consent to their participation in this project. I will assist and encourage the applicant to successful completion of the project. *(Describe how you plan to assist the applicant, such as reviewing the plan, daily supervision, environmental concerns, communications with FSA, and marketing of production.)*

41B. Name	41C. Signature	41D. Date
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PART D - FSA USE ONLY

42A. DATE FORM FSA-2301 RECEIVED	42B. DATE APPLICATION COMPLETE	
42C. CREDIT REPORT FEE \$	42D. DATE RECEIVED	42E. NAME OF AGENCY OFFICIAL

NOTE:: *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, as amended (7 USC 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.*

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 30 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.

This form is available electronically.

FSA-2002 (03-31-10)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	Position 3
THREE-YEAR FINANCIAL HISTORY		

1. Name	FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.
---------	--

A. OPERATING INCOME

	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. OPERATING EXPENSES

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 __	20 __	20 __
1. Owner Withdrawal			
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	FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.
---------	--

A. DAIRY PRODUCTION

	20 ___	20 ___	20 ___
1. DAIRY COWS			
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			

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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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. 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

U. S. DEPARTMENT OF AGRICULTURE

Position 3

(03-23-10)

Farm Service Agency

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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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.*

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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.

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

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

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.

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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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	

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.

B. EQUIPMENT/LIVESTOCK. Include only equipment/livestock to be purchased, currently leased, or to be leased.

1. Owner of Record	2. Description	3. Number of Units	4. Rent \$	5. Share %	6. Type of Lease	7. Expiration Date

C. CERTIFICATION

I certify that the information provided 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
--------------	---------

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.*

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FSA-2007
(03-06-08)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

**STATEMENT REQUIRED BY THE PRIVACY ACT
FOR NON-APPLICANTS**

The Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 *et. seq.*) or other Acts administered by FSA to solicit the information it deems necessary to support an FSA application from a party other than the applicant.

The information is being requested to support an applicant by the name of (a) _____.

Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including Social Security Number or Tax Identification Number, may delay processing of the application or its rejection.

The principal purposes for collecting the requested information are to determine eligibility for FSA credit or other financial assistance, the need for other servicing actions, and statistical analysis. In accordance with the Privacy Act of 1974 (5 U.S.C. 552a), information provided may be used outside of the Department of Agriculture for the following purposes:

1. Disclosure to interested parties who submit requests under the Freedom of Information Act (FOIA), unless disclosure is prohibited by a FOIA exemption.
2. Referral to a Federal Records Center for storage.
3. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative or prosecutive responsibility of the receiving entity.
4. Disclosure to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
5. Disclosure of names, home addresses, Social Security Numbers, Tax Identification Numbers, and financial information to business firms in a trade area that buy chattel or crops or sell them for commission, so that FSA may benefit from the purchaser notification provisions of Section 1324 of the Food Security Act of 1985 [7 U.S.C. 163(e)], which requires that potential purchasers of farm products be advised that a lien exists in order for the creditor to perfect its lien against such purchases.
6. Referral of names, home addresses, Social Security Number, and financial information to:
 - a. a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when FSA determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
 - b. the Department of Housing and Urban Development as a record of location utilized by Federal agencies for an automatic credit prescreening system.
 - c. the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
7. Referral of names, home addresses, and financial information to lending institutions when FSA determines the individual may be financially capable of qualifying for credit with or without a guarantee.
8. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when FSA determines such referral is appropriate for developing packages and marketing strategies involving the sale of FSA loan assets.

9. Disclosure of names, home addresses, Social Security Number, and financial information to lending institutions that have a lien against the same property as FSA for the collection of the debt. These loans can be under the direct and guaranteed loan programs.

10. Disclosure in a proceeding before a court or adjudicative body, when: (a) FSA or any component thereof; or (b) any FSA employee in an official capacity; or (c) any FSA employee in an individual capacity where FSA has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, FSA determines that the records are both relevant and necessary to the litigation, provided, however, that in each case, FSA determines that disclosure of the information contained in the records is a use that is compatible with the purpose for which FSA collected the records.

11. Disclosure to the Department of Justice when: (a) FSA or any component thereof; or (b) any FSA employee in an official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, FSA determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is, therefore deemed by FSA to be compatible with the purpose for which FSA collected by records.

12. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, according to IRS regulations at 26 CFR 01.6402-6T, and the authority in 31 U.S.C. 3720A.

13. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the Government under certain programs administered by FSA to collect debts under the provisions of the Debt Collection Act of 1982 [5 U.S.C. 5514] by voluntary repayment, administrative or salary offset procedures, or by collection agencies.

14. Referral to private attorneys under contract with either FSA or the Department of Justice for foreclosure and possession actions and collection of past due FSA accounts.

15. To provide the basis for borrower success stories in Department of Agriculture news releases.

16. Referral to a credit reporting agency.

Every effort will be made to protect the privacy of applicants and borrowers.

17. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 *et seq.*), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).

18. Disclosure of certain information to state-certified or state-licensed appraisers and employees of other Federal agencies qualified to perform real estate appraisals.

This acknowledges receipt of the above. The undersigned has read this form, and accepts the conditions stated therein.

<p>NOTE: 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 15 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.</p>		
1A. Name of Non-Applicant	1B. Signature	1C. Date

The U.S. Department of Agriculture (USDA) prohibits discrimination in all 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, genetic information, political beliefs, 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, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

FSA-2037
 (03-24-10)

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	Notes Payable Due Within 12 Months					
						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	(4)					
					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) Current Liabilities					
						(2) Intermediate Liabilities					
1S. Prepaid Expenses and Supplies						2M. Other Current Liabilities					
1T. Other Current Assets											

1U. TOTAL CURRENT ASSETS (Items 1A through 1T)		2N. TOTAL CURRENT LIABILITIES (Items 2A through 2M)	
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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)						
3I. TOTAL INTERMEDIATE ASSETS (Items 3A through 3H)					5H. TOTAL INTERMEDIATE LIABILITIES (Item 5G (1 through 7))						
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)						
4H. TOTAL LONG TERM ASSETS (Items 4A through 4G)						6H. TOTAL LONG TERM LIABILITIES (Item 6GA (1 through 7))					
4I. TOTAL FARM ASSETS (From Items 1U, 3I and 4H)						6I. TOTAL FARM LIABILITIES (From Items 2N, 5H, and 6H)					

	6J. TOTAL FARM EQUITY (Item 4I minus Item 6I)	
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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						
7L. TOTAL PERSONAL ASSETS (Items 7A through 7K)		8I. TOTAL PERSONAL LIABILITIES				
7M. TOTAL ASSETS (Item 4I and Item 7L)		8J. TOTAL LIABILITIES (Item 6I and Item 8I)				
		8K. TOTAL EQUITY (Item 7M minus Item 8J)				

I - WARNING

I certify that the information provided 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.)

9A. SIGNATURE	9B. DATE
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10. COMMENTS

NOTE: The following statement 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 0560-0238. The time required to complete this information collection is estimated to average 1.25 hours 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.**

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							12I. TOTAL \$ VALUE OF (12H)	
							12J. TOTAL \$ VALUE OF (ITEMS 11I AND 12I) TRANSFER TO ITEM 3A)	

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 ____ <div style="float: right;"> <input type="checkbox"/> Projected <input type="checkbox"/> Actual </div>	

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 \$

A - INCOME (Continued)

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 - EXPENSES

11. Car and Truck	\$ Amount	23. Rent – Land/Animals	\$ Amount
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)	

C – NON-OPERATING

34. Owner Withdrawal (Total Family Living Expenses and Non-Farm Debt Payments)		36. Non-Farm Income	
35. Income Taxes		37. Non-Farm Expense	

D - CAPITAL

38. Capital Sales		40. Capital Expenditures	
39. Capital Contributions		41. Capital Withdrawals	

E - WARNING

I certify that the information provided 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.)

42A. SIGNATURE	42B. DATE
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ACH Vendor/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See Page 2 for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY:

AGENCY IDENTIFIER:

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

 CCD+ CTX

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER (Include Area Code):

ADDITIONAL INFORMATION:

PAYEE / COMPANY INFORMATION

NAME

SSN NO. OR TAXPAYER ID NO.:

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER (Include Area code):

FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER (Include Area code):

NINE-DIGIT ROUTING TRANSIT NUMBER

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

CHECKING

SAVINGS

LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:
(Could be the same as ACH Coordinator):

TELEPHONE NUMBER (Include Area code):

Instructions for Completing SF 3881 Form

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor / miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee / Company Information Section - Payee prints or types the name of the payee / company and address that will receive ACH vendor / miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee / company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee / company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee / company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form). This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of an address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed Salary/Mil. Civilian Pay
		<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active: _____
		<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire.: _____
		<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor: _____
		<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other: _____
		<i>(specify)</i>	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)	
Prefix	Suffix	TYPE	AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEPOSITOR ACCOUNT TITLE	<input type="checkbox"/>
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER
		DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY

FINANCIAL INSTITUTION COPY

PAYEE(S) COPY

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

The image shows a sample of a United States Treasury check. The check is dated 06/31/84 and is payable to JOHN DOE at 123 BRISTOL STREET, HAWKINS BRANCH TX 78543. The amount is \$100.00. The check number is 0003 4157185. The MICR line at the bottom reads @000000518@ 041571926*. The check is marked 'NOT NEGOTIABLE' and 'VA COMP'. There are callouts A, C, and F pointing to the payee name, the date and amount, and the type of payment respectively.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e., after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

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

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 0560-0237. 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.

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 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.***

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.

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)

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 collections is 0575-0094. The time required to complete this information collection is estimated to average 6 to 10 hours 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.

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.

Appendix to Form AD-1026 Highly Erodible Land Conservation (HELCS) and Wetland Conservation (WC) Certification

The following conditions of eligibility are required for persons to receive any USDA loans or other program benefits that are subject to highly erodible land and wetland conservation provisions, unless an exemption has been granted by USDA.

By signing Form AD-1026, Item 12, the producer certifies receipt of this form, and unless an exemption has been granted by USDA, agrees to the following on any farms in which such person has an interest:

A	NOT to plant or produce an agricultural commodity on highly erodible fields unless actively applying an approved conservation plan or maintaining a fully applied conservation system.
B	NOT to plant or produce an agricultural commodity on wetlands converted after December 23, 1985.
C	NOT to convert wetlands by draining, dredging, filling, leveling, landclearing or any other means that would allow the planting of any crop, pasture, agricultural commodity, or other such crops.
D	NOT to use proceeds from any FSA farm loan, insured or guaranteed, or any USDA cost-share program, in such a way that might result in negative impacts to wetlands, except for those projects evaluated and approved by NRCS.

NOTE: Signature on Form AD-1026 gives representatives of USDA authorization to enter upon and inspect all farms in which the producer has an interest for the purpose of confirming the above statements.

Any questions concerning the requirements of the Food Security Act of 1985, as amended, shall be directed to your County FSA Office personnel before signing AD-1026 in Item 12.

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information to be supplied on this form is the Food Security Act of 1985, Pub. L. 99-198, and regulations promulgated under the Act (7 CFR Part 12). The information will be used to determine eligibility for program benefits and other financial assistance administered by USDA agencies. The information may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate or administrative tribunal. Furnishing the Social Security Number is voluntary. Furnishing the other requested information is voluntary; however, failure to furnish to correct, complete information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA agencies. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided by the producer on this form.

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 0560-0185. The time required to complete this information collection is estimated to average 15 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 AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE (address printed in Item 6 of AD-1026A).**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all 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, genetic information, political beliefs, 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, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

HIGHLY ERODIBLE LAND CONSERVATION (HEL) AND WETLAND CONSERVATION (WC) CERTIFICATION

(See Page 3 for Nondiscrimination, Public Burden and Privacy Act Statements).

1. Name of Producer _____	2. I.D. Number (Last 4 digits only) _____	3. Crop Year _____
4. Do you have any interest in land that produces or could produce an agricultural commodity? <i>If "YES", or, if you are a Farm Loan Applicant continue with Item 5. If "NO", and you are not a farm loan applicant, go to Item 12 and sign and date.</i>	YES	NO
5. <i>For farm loan applicants only:</i> Will you conduct any activities for fish production, trees, vineyards, shrubs, building construction, or other non-agricultural purposes on lands for which a wetland determination has not been completed by NRCS?		
6. Are you a landlord or tenant on any farm that will not be in compliance with HELC and WC provisions? <i>If "YES", enter the farm number or contact your County FSA Office before completing this form. Farm Number: _____ (Contact your county FSA office if you are unsure of the HEL or wetland determinations applicable to your farming interests.)</i>		
7. Do any of your landlords refuse to comply with HELC requirements on any farms? <i>If "YES", enter the farm number or contact your County FSA Office before completing this form. Farm Number: _____</i>		
8. List affiliated persons with farming interests. <i>See Page 3 for an explanation. Enter "NONE", if applicable.</i>		
9. During the crop year entered in Item 3 above, or the term of a requested USDA loan, did you or will you plant and produce an agricultural commodity on land for which a highly erodible determination has not been made?	YES	NO
10. Since December 23, 1985, or during the current crop year, or during the term of a requested USDA loan, has anyone performed, or will anyone perform any activities to:		
A. Create new drainage systems, or conduct land leveling, filling, dredging, land clearing, excavation, or stump removal, that has NOT been evaluated by NRCS? <i>If "YES", indicate year(s): _____</i>		
B. Improve or modify an existing drainage system that has NOT been evaluated by NRCS? <i>If "YES", indicate year(s): _____</i>		
C. Maintain an existing drainage system that has NOT been evaluated by NRCS? <i>If "YES", indicate the year(s): _____</i> <small>Note: Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.</small>		
11. If "YES" to Items 5, 10A and/or 10B or 10C enter the following for the land the answer applies to:		
A. Farm and/or tract/field number: _____		
B. Activity: _____		
C. Current land use (specify crops): _____		
D. County: _____		

A "YES" answer in Items 5, 9 or 10 authorizes FSA to refer this AD-1026 to NRCS. If you check "YES" to Item 10C, NRCS does not have to conduct a certified wetland determination. (Contact your County FSA Office if you are unsure about the answers to Items 5, 9 and 10.)

Continuous AD-1026 Certification:

I have read the AD-1026 Appendix and understand and agree that my eligibility for certain USDA program benefits is contingent upon this certification of compliance with highly erodible land and wetland conservation provisions of the Food Security Act of 1985 as amended, and if a determination is made that results in a violation and ineligibility, I agree to refund all applicable payments.

- I agree to the terms and conditions stated on AD-1026 Appendix on all land in which I have or will have an interest and understand that I am responsible for any non-compliance with these provisions.
- I agree that I will file a revised AD-1026 if there are any changes in my operation or activities that may affect compliance with these provisions.
- I understand that affiliated persons are also subject to compliance with these provisions and their failure to comply or file AD-1026 will result in loss of eligibility to persons or enterprises with whom they are affiliated. (See Page 3 of this form for affiliated persons.)

12. Signature of Producer ▶ *I hereby certify that the information on this form is true and correct to the best of my knowledge, and I authorize NRCS to make a HEL and/or certified wetland determination on the tract or farm numbers listed above.*

 Producer's Signature

 Date (MM-DD-YYYY)

13. Referral to NRCS (Completed by FSA) *Sign and date if a NRCS determination is needed for any reason including a "YES" answer in Items 5, 9, 10A, 10B, or 10C.*

	13A. Signature of FSA Representative	13B. Date (MM-DD-YYYY)
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ORIGINAL - FSA COPY

NRCS COPY

PRODUCER'S COPY

INSTRUCTIONS FOR ITEM 8 OF AD-1026

The producer requesting benefits on AD-1026 shall attach a list of the applicable affiliated persons with farming interests who are required to file AD-1026. Follow the rules in this table to determine affiliated persons.

<i>IF producer, requesting benefits is a (an) . . .</i>	<i>THEN affiliated persons who must file AD-1026 if they have farming interests are . . .</i>
individual	spouse or minor children with separate farming interests, or who receives benefits under their individual ID number.
NOTE: If the individual filing is a minor child, the father and mother shall be listed as affiliates	estates, trusts, partnerships, and joint ventures in which the individual filing, or the individual's spouse or minor children have an interest.
	corporations in which the individual filing or the individual's spouse or minor children have more than 20% interest.
	general partnership
limited partnership	
limited liability company	
joint venture	
estate	
irrevocable or revocable trust	
Indian tribal venture or group	
corporation with stockholders	first level shareholders with more than 20% interest in the corporation
State	none
Church or other charitable organization	
county	
city	
public schools	
corporation with no stockholders	

KEY TO NRCS DETERMINATIONS IN ITEMS 8 THROUGH 11 LISTED ON AD-1026A

- | | |
|---|---|
| <p>8. HEL = Highly Erodible Land:
 "Y" = NRCS determined highly erodible land.
 "N" = NRCS determined no highly erodible land.
 " " = NRCS has not made a determination.</p> | <p>9. 027 = Approved Conservation Plan (CPA-027):
 "Y" = Tract has an approved conservation plan.
 "N" = Tract does not have an approved conservation plan.
 "X" = HEL flag is "Y". Producer has a 2-year grace period after soil survey is available to obtain an approved conservation plan.</p> |
| <p>10. A027 = Applying Conservation Plan:
 "Y" = Producer is actively applying an approved conservation plan or system.
 "N" = Producer is NOT actively applying an approved conservation plan or system.</p> | <p>11. W = Wetlands:
 "Y" = NRCS determined wetlands on this tract.
 (* See footnote.)
 "N" = NRCS determined no wetlands on this tract.
 " " = NRCS has not made wetland determinations on entire tract.</p> |

* NRCS has determined a wetland does exist on this tract. Contact your local NRCS office or FSA office for details concerning the location of the wetland and restrictions applying to the land according to NRCS determination before planting an agricultural commodity or performing any drainage or manipulation on this tract.

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information to be supplied on this form is the Food Security Act of 1985, Pub. L. 99-198, and regulations promulgated under the Act (7 CFR Part 12). The information will be used to determine eligibility for program benefits and other financial assistance administered by USDA agencies. The information may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate or administrative tribunal. Furnishing the Social Security Number is voluntary. Furnishing the other requested information is voluntary; however, failure to furnish correct, complete information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA agencies. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided by the producer on this form.

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 0560-0185. The time required to complete this information collection is estimated to average 15 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 AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE (address printed in item 6 of AD-1026A).**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all 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, genetic information, political beliefs, 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, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). 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
(03-31-10)

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

9. REMARKS:

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Page 3 of 3

10. **INSURANCE AND OTHER COMPENSATION:** 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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

11. **FARM INFORMATION:** 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

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 0560-0237. The time required to complete this information collection is estimated to average 1.5 hours 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-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.*

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.

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

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.

2. Are you willing to continue your loans with the applicant? YES 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? YES NO
 If "YES", complete Items 4(a) through 4(f).

(a) Amount \$	(b) Interest Rate %	(c) Terms	(d) Date of Last Request
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(e) Purpose	(f) Collateral Offered
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5. Was the applicant's request approved? YES NO

(a) Amount \$	(b) If "NO", why not?
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6. If the applicant cannot qualify for your regular loans, are you willing to consider a loan with an FSA guarantee? YES NO

7. REMARKS

PART C - ACKNOWLEDGMENT

1. NAME AND ADDRESS OF LENDER	2. TITLE OF LENDER'S REPRESENTATIVE
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3. SIGNATURE OF LENDER'S REPRESENTATIVE	4. DATE
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