

CONTENTS OF FO OR OL APPLICATION PACKAGE

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FSA-2001
(05-23-22)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

REQUEST FOR DIRECT LOAN ASSISTANCE

INSTRUCTIONS: FSA suggests applicants use the available corresponding instructions found on the internet at <http://tinyurl.com/kwm5rem> for the proper completion of this form. Assistance is also available from local FSA offices for any part of the application process. FSA can provide assistance in completing requested forms, explain what information is necessary, and answer any questions regarding the application process.

Farm Loan Teams located at USDA Service Centers or FSA County Offices are responsible for all direct loan applications. You can find the address and telephone number of the nearest Farm Loan Team serving the County where you plan to farm from the Internet at <http://tinyurl.com/7syle36>.

The Federal Government requests race, ethnicity and gender information to monitor FSA's compliance with Federal laws prohibiting discrimination against applicants. Applicants are encouraged to furnish this information. This information is not used to evaluate an application and choosing not to provide this information will not affect the application process.

Targeted funding is available to any member of a targeted underserved group. Targeted underserved groups include American Indians or Alaskan Natives, Asians, Blacks or African Americans, Native Hawaiians or other Pacific Islanders, Hispanics, and Women. Targeted funding may not be received if an applicant fails to voluntarily provide race, ethnicity and gender information.

IMPORTANT NOTICE

Within 10 calendars days of the date FSA receives your application, FSA will send you a letter that will tell you if your application is complete, or additional information is needed to complete your loan application. Incomplete applications cannot be processed. If you do not receive this letter within 10 days of the submission of your application, please contact your local FSA office.

APPLICANT IDENTIFICATION

The loan application must be submitted in the name of the **ACTUAL OPERATOR** of the farm or ranch

An individual who operates as a legal entity, or two or more applicants operating and applying jointly, are considered an **ENTITY** applicant.

Married persons are considered joint operations if the day-to-day management and operation responsibilities of the farm enterprise are shared. Married couples who wish to apply together and have not formed an operating entity such as a partnership, LLC, trust or corporation, are to proceed as designated below. Married couples who have formed a legal entity as part of the farm or ranch should complete this application as an entity applicant.

The Applicant is a/an:

- Individual, Not Married, Not Operating as a Legal Entity. **BEGIN at PART A.**
- Individual, Operating as a Legal Entity. **BEGIN at PART C.**
- Married Couple, One Spouse Applying. **BEGIN at PART A.**
- Married Couple, Applying Jointly, Not a Legal Entity. **BEGIN at PART B.**
- Joint Operation, Two or More Persons, Not Married, Not a Legal Entity. **BEGIN at PART C.**
- Entity Applicant. **BEGIN at PART C.**

NOTE: Entity Applicants are required to provide supporting documentation such as, and not necessarily limited to, Articles of Incorporation; Articles of Organization; Certificate of Limited Partnership; Formal Partnership Agreement; By-Laws and Operational Authorities of all shareholders, members and owners to verify the legal status of the entity, the authority of the shareholders, members or owners, and the composition of the entity structure(s).

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

FSA-2001
 (05-23-22)

U.S. DEPARTMENT OF AGRICULTURE
 Farm Service Agency

Position 3

REQUEST FOR DIRECT LOAN ASSISTANCE

PART A INDIVIDUAL APPLICANT, NOT A LEGAL ENTITY

Instructions: Individual applicants and married applicants with a non-applicant spouse will complete Items 1 through 15. Items 11, 14 and 15 are voluntary. *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. This information will not be used to evaluate this application.

1. Exact Full Legal Name	2. Email Address
3. Mailing Address (Including Zip Code)	4A. Physical Address (If different than mailing address)
Same as Physical Address: <input type="checkbox"/> YES <input type="checkbox"/> NO	4B. County of Residence

5. Contact Telephone Numbers (Area Code): Home: _____ <input type="checkbox"/> Primary Cell: _____ <input type="checkbox"/> Primary Business: _____ <input type="checkbox"/> Primary	6. County of Operation Headquarters	7. Date of Birth (MM-DD-YYYY)
8. Social Security Number (9 digits)		

9. Name and Address of Employer (If applicable) Telephone Number (Area Code): _____	10. Applicant Is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> *Non-Citizen National <input type="checkbox"/> *Resident Alien (I-551) <input type="checkbox"/> *Refugee or Other *NOTE: Applicant will be asked to provide I-551 and/ or other proper documentation of immigration status as found under PRWORA (8 U.S.C. 1641).	*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 <input type="checkbox"/> I prefer not to share NOTE: More than one box may be selected.
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12. Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not Veteran	13. Marital Status <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married, Applying as Individual	*14. Applicant Is: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	*15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share
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PROCEED TO PART D

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 (7 U.S.C. 1921 et seq.), the Agricultural Act of 2014 (Pub. L. 113-79) , 7 CFR Part 761, and 7 CFR Part 764 The information will be used to determine eligibility to participate in and receive benefits under the Direct Loan Program. The information collected on this form may be disclosed to other Federal, State, 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 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 will result in a determination of ineligibility to participate in and receive benefits under the Direct Loan Program.

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.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Initials: _____ Date: _____

PART C ENTITY APPLICANT

Instructions: An entity is a corporation, formal, joint operation, Limited Liability Corporation, Trust or other legal business organization comprised of 1 or more individuals which may or may not have an entity name or entity tax identification number. Organizations operating as non-profit entities and Estates are not considered eligible entities for Farm Loan Program purposes. Informal entities may leave Items 3 through 8 blank. Items 21, 24 and 25 are voluntary. All other information must be provided on **each entity** associated with the operation and **each individual member** of the associated entity. **NOTE: Individual liability is required regardless of entity type.**

1. Full Entity or Trust Name	2. Entity Address (Including Zip Code)	3. Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Operation <input type="checkbox"/> Formal Partnership <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Cooperative <input type="checkbox"/> Life Estate <input type="checkbox"/> Other: _____
4. Entity Contact Telephone Number	5. State of Registration/Corporation	
6. Registration ID Number	7. Date of Formation (MM-DD-YYYY)	
8. Tax Identification Number (9 digits)	9. County of Operation Headquarters	
10. Does Entity Contain Embedded Entity? <input type="checkbox"/> YES, (Complete Items 11, 12, and 13 for each entity) <input type="checkbox"/> NO, (Proceed to Item 14)		
11. List all Embedded Entities	12. Percentage of Interest %	13. Number of Entity Members

NOTE: Items 14 through 27 pertain to individual members of the entity, or in the case of partnerships and joint operations, each co-applicant. **Every member of the entity must complete Items 14 through 27.** If farm operation operates with more than 1 entity, **each entity and all its members** must provide this information. This application provides for the entry of 1 entity and 3 entity members. Please make copies of this section, as necessary. Items 21, 24 and 25 are voluntary.

14. Exact Full Legal Name of Entity Member	15. Percentage of Interest %	16. Email Address
17. Social Security Number (9 digits)	18. Date of Birth (MM-DD-YYYY)	19. Contact Telephone Numbers (Area Code): Home: _____ <input type="checkbox"/> Primary Cell: _____ <input type="checkbox"/> Primary Business: _____ <input type="checkbox"/> Primary
20. Applicant Is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> *Non-Citizen National <input type="checkbox"/> *Resident Alien (I-551) <input type="checkbox"/> *Refugee or Other *NOTE: Applicant will be asked to provide I-551 and/ or other proper documentation of immigration status as found under PRWORA (8 U.S.C. 1641)	*21. 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 <input type="checkbox"/> I prefer not to share NOTE: More than one box may be selected.	22. Name and Address of Employer (If applicable) Telephone Number (Area Code):
23. Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not Veteran	*24. Applicant Is <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	*25. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share
26. Mailing Address (Including Zip Code) Same as Physical Address: <input type="checkbox"/> YES <input type="checkbox"/> NO		27A. Physical Address (If different than mailing address) 27B. County of Residence

Initials: _____ Date: _____

PART C ENTITY APPLICANT (Continued)

14. Exact Full Legal name of Entity Member	15. Percentage of Interest %	16. Email Address
17. Social Security Number (9 digits)	18. Date of Birth (MM-DD-YYYY)	19. Contact Telephone Numbers (Area Code): Home: _____ <input type="checkbox"/> Primary Cell: _____ <input type="checkbox"/> Primary Business: _____ <input type="checkbox"/> Primary
20. Applicant Is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> *Non-Citizen National <input type="checkbox"/> *Resident Alien (I-551) <input type="checkbox"/> *Refugee or Other <small>*NOTE: Applicant will be asked to provide I-551 and/ or other proper documentation of immigration status as found under PRWORA (8 U.S.C. 1641)</small>	*21. 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 <input type="checkbox"/> I prefer not to share <small>NOTE: More than one box may be selected.</small>	22. Name and Address of Employer (If applicable) Telephone Number (Area Code):
23. Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not Veteran	*24. Applicant Is <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	*25. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share
26. Mailing Address (Including Zip Code) Same as Physical Address: <input type="checkbox"/> YES <input type="checkbox"/> NO		27A. Physical Address (If different than mailing address) 27B. County of Residence

14. Exact Full Legal name of Entity Member	15. Percentage of Interest %	16. Email Address
17. Social Security Number (9 digits)	18. Date of Birth (MM-DD-YYYY)	19. Contact Telephone Numbers (Area Code): Home: _____ <input type="checkbox"/> Primary Cell: _____ <input type="checkbox"/> Primary Business: _____ <input type="checkbox"/> Primary
20. Applicant Is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> *Non-Citizen National <input type="checkbox"/> *Resident Alien (I-551) <input type="checkbox"/> *Refugee or Other <small>*NOTE: Applicant will be asked to provide I-551 and/ or other proper documentation of immigration status as found under PRWORA – (8 U.S.C. 1641)</small>	*21. 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 <input type="checkbox"/> I prefer not to share <small>NOTE: More than one box may be selected.</small>	22. Name and Address of Employer (If applicable) Telephone Number (Area Code):
23. Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not Veteran	*24. Applicant Is <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	*25. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share
26. Mailing Address (Including Zip Code) Same as Physical Address: <input type="checkbox"/> YES <input type="checkbox"/> NO		27A. Physical Address (If different than mailing address) 27B. County of Residence

PROCEED TO PART D

Initials: _____ 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	

PROCEED TO PART E

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: _____

PART E NOTIFICATIONS, CERTIFICATIONS AND ACKNOWLEDGMENT (Continued)**10. SPECIAL PROGRAM INFORMATION.**

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

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

11. RIGHTS AND POLICIES.

- A. RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (Public Law 95-630):** FSA has a right of access to financial records held by financial institutions in connection with providing assistance to you as well as collecting on loans made to you or guaranteed by the Government. Financial records involving your transaction will be available to FSA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required by law.
- B. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT:** Prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.
- C. FEDERAL COLLECTION POLICIES:** Delinquencies, defaults, foreclosures and abuses of loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The 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: (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) Take action to offset your salary, or 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: _____

PART E NOTIFICATIONS, CERTIFICATIONS AND ACKNOWLEDGMENT (Continued)**RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES: (CONTINUED)**

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

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

13. CONTROLLED SUBSTANCES:

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

14. DISQUALIFICATION DUE TO FEDERAL CROP INSURANCE FRAUD:

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

15. TEST FOR CREDIT:

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

16. PERMISSION TO FILE FINANCING STATEMENT:

Under the Uniform Commercial Code, you do not have to sign the financing statement which allows FSA to obtain a security interest in your property. If the loan is approved and funded, FSA will file a financing statement at the earliest possible date, before you enter into a **SECURITY AGREEMENT. BY SIGNING BELOW, 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.**

PROCEED TO PART F

Initials: _____ Date: _____

PART F CERTIFICATION AND SIGNATURES

***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).*

1A. Signature of Individual Applicant, Spouse or Entity Member	1B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	1C. Date Signed (MM-DD-YYYY)
2A. Signature of Individual Applicant, Spouse or Entity Member	2B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	2C. Date Signed (MM-DD-YYYY)
3A. Signature of Individual Applicant, Spouse or Entity Member	3B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	3C. Date Signed (MM-DD-YYYY)
4A. Signature of Individual Applicant, Spouse or Entity Member	4B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	4C. Date Signed (MM-DD-YYYY)
5A. Signature of Individual Applicant, Spouse or Entity Member	5B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	5C. Date Signed (MM-DD-YYYY)
6A. Signature of Individual Applicant, Spouse or Entity Member	6B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	6C. Date Signed (MM-DD-YYYY)

PART G FSA USE ONLY

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

FSA-2002
(08-20-14)

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.
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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. Purchases for Resale			
22. Other Expenses			
23. Other - Irrigation			
24. Interest			
25. TOTAL OPERATING EXPENSES			

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

C. NON-OPERATING

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

D. FINANCING

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

E. CAPITAL

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

F. SIGNATURE

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

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

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

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0327. The time required to complete this information collection is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

FSA-2003
 (02-16-22)

U.S. DEPARTMENT OF AGRICULTURE
 Farm Service Agency

Position 3

THREE-YEAR PRODUCTION HISTORY

NOTE: FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.

1. Name

A. DAIRY PRODUCTION

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

B. LIVESTOCK AND POULTRY PRODUCTION

1. Livestock Type:			
a. Units Raised			
b. Units Purchased			
c. Total Units			
d. Units Sold			
e. Death Loss			
f. Purchase Weight			
g. Sales Weight			
2. Livestock Type:			
h. Units Raised			
i. Units Purchased			
j. Total Units			
k. Units Sold			
l. Death Loss			
m. Purchase Weight			
n. Sales Weight			
3. Livestock Type:			
o. Units Raised			
p. Units Purchased			
q. Total Units			
r. Units Sold			
s. Death Loss			
t. Purchase Weight			
u. Sales Weight			

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				

C. CROP PRODUCTION (Continued from Page 1)

		20__	20__	20__
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				

D. POTENTIAL PURCHASERS THIS IS A LIST OF PURCHASERS WHO WILL OR HAVE BOUGHT FARM PRODUCTS FROM ME.

1A. Farm Product	1B. Past/Potential Purchaser	1C. Purchaser's Address

E. 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 funding may be grounds for denial of the requested action.)

1A. Signature	1B. Title	1C. Date (MM-DD-YYYY)
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

FSA-2004

(03-23-10)

U. S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

Position 3

AUTHORIZATION TO RELEASE INFORMATION

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

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

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

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

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

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

Your prompt reply is appreciated.

5A. Name	5B. Signature	5C. Date (MM-DD-YYYY)
<p>Note: <i>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.</i></p> <p><i>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 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</i></p>		

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 information. In the case of an entity, the entity and each individual member must complete this form or provide alternate documents.

1. Name:

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

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

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

C. SIGNATURE

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

1. Signature	2. Date
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FSA-2006
(07-29-19)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

PROPERTY OWNED AND LEASED

1. Name of Applicant

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

1A. Owner of Record		1B. Description				1C. County	
1D. Farm No.	1E. Total Acres	1F. Crop Acres	1G. Oral/ Written Lease	1H. Crop Share %	1I. Cash Rent \$	1J. Expiration Date	
2A. Owner of Record		2B. Description				2C. County	
2D. Farm No.	2E. Total Acres	2F. Crop Acres	2G. Oral/ Written Lease	2H. Crop Share %	2I. Cash Rent \$	2J. Expiration Date	
3A. Owner of Record		3B. Description				3C. County	
3D. Farm No.	3E. Total Acres	3F. Crop Acres	3G. Oral/ Written Lease	3H. Crop Share %	3I. Cash Rent \$	3J. Expiration Date	
4A. Owner of Record		4B. Description				4C. County	
4D. Farm No.	4E. Total Acres	4F. Crop Acres	4G. Oral/ Written Lease	4H. Crop Share %	4I. Cash Rent \$	4J. Expiration Date	
5A. Owner of Record		5B. Description				5C. County	
5D. Farm No.	5E. Total Acres	5F. Crop Acres	5G. Oral/ Written Lease	5H. Crop Share %	5I. Cash Rent \$	5J. Expiration Date	

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FSA-2037
(11-04-10)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

FARM BUSINESS PLAN WORKSHEET
Balance Sheet

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

A – CURRENT ASSETS					B – CURRENT LIABILITIES						
1A. Cash and Equivalents					\$ Value	2A. Accounts Payable					\$ Amount
1B. Marketable Bonds and Securities											
1C. Accounts Receivable						2B. Income Taxes Payable					
						2C. Real Estate Taxes Payable					
1D. Crop Inventory		1E. Measure	1F. # Units	1G. \$/Unit	\$ Value	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)					
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) Intermediate Liabilities					
						(2) Long Term 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)					

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)					

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

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9A. SIGNATURE	9B. DATE
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10. COMMENTS

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FSA-2038
(08-19-14)

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 _____ Projected
 Actual

A - INCOME

1. Crop Production and 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 Production and 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 Production and 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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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.

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FSA-2302
(03-22-10)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

DESCRIPTION OF FARM TRAINING AND EXPERIENCE

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

1. NAME:

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

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

4A. SIGNATURE

4B. DATE

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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