

USDA
Form RD 1956-1
(Rev. 2-94)

**APPLICATION FOR
SETTLEMENT OF INDEBTEDNESS**

ADVISE NUMBER	
TAXPAYER IDENTIFICATION NUMBER	DATE 20 ____
STATE AND COUNTY OFFICE CODE	CASE NO.
<input type="checkbox"/> COMPROMISE <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> CHARGE OFF <input type="checkbox"/> CANCELLATION	

PART I GENERAL INFORMATION

A. I(We) _____ and _____
(Name) (Name)

of _____
(Address)

hereby request that my (our indebted described in Part II (A) below be considered for settlement pursuant to the pertinent law and regulations and certify that the following statements are true and correct to the best of my (our) knowledge and belief.

B. ARE OF: DEBTOR _____ YEARS; CO-DEBTOR _____ YEARS; DEPENDENT CHILDREN ____, ____, ____, ____, ____, ____.

NAMES, AGE, AND RELATIONSHIP OF OTHER DEPENDENTS _____

PRESENT PHYSICAL CONDITION OF DEBTOR(S)
 GOOD
 FAIR
 POOR
 (describe in PART VIII)

PART II DEBTS OWED TO THE DEPARTMENT OF AGRICULTURE

LOAN CODE IDENTIFICATION (1)	FINAL DUE DATE (2)	ORIGINAL AMOUNT (3)	UNPAID BALANCE (4)		
			INTEREST	PRINCIPAL	TOTAL
(A) FmHA DEBTS FOR WHICH SETTLEMENT IS REQUESTED:					
(B) OTHER DEBTS OWED FmHA					
(C) DEBT OWED OTHER AGENCIES OF DEPARTMENT OF AGRICULTURE					
TOTALS					

PART III INCOME AND EXPENSES OF APPLICANT FAMILY AND PAYMENTS MADE ON DEBTS

(A) TOTAL GROSS INCOME LAST CALENDAR YEAR (20__)		ESTIMATED TOTAL GROSS INCOME PRESENT CALENDAR YEAR (20__)		ESTIMATED TOTAL GROSS INCOME NEXT CALENDAR YEAR (20__)	
(1)		(2)		(3)	
SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT
TOTALS					

PRESENT PRINCIPAL EMPLOYMENT:

(B) FAMILY LIVING EXPENSES DURING CALENDAR YEAR			(E) PAYMENTS MADE BY FAMILY DURING CALENDAR YEAR		
	PRESENT	NEXT		PRESENT	NEXT
Food	\$	\$	Real Estate Liens	\$	\$
Rent			Secured Chattel Debts		
Personal Care			Unsecured Creditors		
Household Operating			Farmers Home Administration	\$	\$
House & Household			Others		
Appliance Repairs			TOTALS	\$	\$
School, Church & Recreation			(F) SUMMARY DURING CALENDAR YEAR	PRESENT	NEXT
Insurance:			1. Total Income - (A)	\$	\$
Personal			2. Total Expense (B) + (C) + (D) + (E)		
Property			3. Loans To be Received		
Liability			4. Total Available (1. -2. + 3.)		
Other			5. Capital Expenditures		
TOTAL FAMILY LIVING EXPENSE	\$	\$	6. Balance Available To Pay Debts (4. -5.)		
(C) FARM OR BUSINESS OPERATING EXPENSE (Excluding Interest)	\$	\$	7. Balance Available To Pay FmHA Debt	\$	\$
(D) ALL TAXES	\$	\$			

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If the decision contained above in this form results in denial, reduction or cancellation of FmHA assistance, you may appeal this decision and have a hearing or you may request a review in lieu of a hearing. Please use the form we have included for this purpose.

PART IV BALANCE SHEET (INDIVIDUALS)									
CURRENT FARM ASSETS				\$ VALUE	CURRENT FARM LIABILITIES				\$ AMOUNT
Cash: Savings: (\$) Checking: (\$)					Accounts and Notes Payable (Creditor & Due Date)				Past Due
Other Invest: (Time Cert \$) (Other \$)									
Accounts and Notes Receivable									
Crops and Feed	Units	Value Per Unit							
Livestock to be sold	Units	Unit Weight	Value Per Unit						
					CCC Loan: (Security) (Due Date)				
					Current Portion of Principal Due on:				
					Intermediate Liabilities				
					Long Term Liabilities				
Growing crops	Acres	Cost/Acre			Accrued Interest on:				
					Accounts and Notes Payable				
					Intermediate Liabilities				
					Long Term Liabilities				
					Accrued Taxes				
Supplies & Prepaid Expenses					Income Tax & Social Security				
Leases					Other (judgments, liens, etc.)				
Other					Accrued Rent/Lease Payments)				
TOTAL CURRENT FARM ASSETS					TOTAL CURRENT FARM ASSETS				
INTERMEDIATE FARM ASSETS					INTERMEDIATE FARM LIABILITIES (portion due beyond 12 months)				
Accounts & Notes Receivable beyond 12 months					Creditor	Due Date	Int. Rate	Amount Delinquent	
Breeding Livestock	Units	Value Per Unit							
Machinery, Equipment, Vehicles									
Cash Value, Life Ins. (Face Amt. \$)					CCC Grain Reserve				
CCC Grain Reserve: (Qty.) (Value/Unit)					Facilities Pmt. \$				
Coop Stock					Loan Secured by Life Insurance				
Other					Other				
TOTAL INTERMEDIATE FARM ASSETS					TOTAL INTERMEDIATE FARM LIABILITIES				
LONG TERM FARM ASSETS (Farm Real Estate)					LONG TERM FARM LIABILITIES (portion due beyond 12 months)				
Total Acres	Date Purchased	Cost			Creditor	Due Date	Int. Rate	Amount Delinquent	
Coop Stock									
Equity in Partnerships/Corporations/joint Operations/Cooperatives									
Other					Other				
TOTAL INTERMEDIATE FARM ASSETS					TOTAL LONG TERM FARM LIABILITIES				
TOTAL FARM ASSETS					TOTAL FARM LIABILITIES				

PART VI DEBTOR'S OFFER AND CERTIFICATION (continued)

(E) In making this offer of settlement, I (we) understand and agree that (1) the amount offered will be deposited in the United States Treasury and held in suspense pending consideration of the offer, (2) if the offer is accepted I (we) will be notified, and (3) if the offer is rejected, I (we) will be notified and the amount offered will returned in the form of a United States Treasury check.

(F) All of the debts referred to in Part II (A) have been discharged in bankruptcy. Yes No

(G) Witness: _____
Address: _____
Witness: _____
Address: _____

Debtor: _____
Debtor: _____

(H) This application for debt settlement has been adopted by the _____ of the _____ and caused to be executed by the officers below on this _____ day of _____, 20____.

Attest: _____
Title: _____(SEAL)

By: _____
Title: _____

PART VII FmHA COUNTY COMMITTEE RECOMMENDATION

To the best of our knowledge and belief the statements made by the debtor(s) in this application are true; we know of no assets or income of the debtor(s) which are not disclosed in the application, and we recommend that the proposed settlement be accepted rejected.

_____, 20 ____
(Date)

(Signature)

(Signature)

(Signature)

PART VIII RECOMMENDATION AND APPROVAL

I find from the statements and disclosures of the debtor(s) that the requirements of the pertinent law and regulations have have not been satisfied.

I recommend the acceptance rejection of the application of the debtor(s) as set out in Part VI hereof.

REMARKS: (Use a separate sheet, if necessary)

_____, 20 ____

County Supervisor/District Director

(Address)

This settlement is recommended approved rejected under the authority contained in pertinent law and regulations.

State Director

Date

This settlement is approved rejected under the authority contained in pertinent law and regulations.

Administrator

Date