

**FSA-2002**  
(proposal 6)

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

Position 3

**THREE-YEAR FINANCIAL HISTORY**

(See Page 2 for Privacy Act and Public Burden Statements)

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

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

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**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 Expenditures			
3. Capital Contributions			
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

**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 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-XXXX. 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.**