

PROPERTY OWNED AND LEASED

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

1. Name of Applicant

A. LAND. INCLUDE ALL LAND OWNED, TO BE OWNED, OR LEASED.

1A. Owner of Record			1B. Description			1C. County		
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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		
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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		
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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		
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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		
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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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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
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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 loans, 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, 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 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.**