

## Instructions for FSA 2301

### ***REQUEST FOR YOUTH LOAN***

Youth loan applicants use this form to apply for direct loan assistance from FSA.

Submit the original completed form in hard copy or a facsimile copy to the appropriate county FSA office. Applicants who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office. The application will be processed; however, the original, signed copy of the form must be submitted to the USDA office before FSA can take final action on the application. Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

**Applicants must complete Part A.**

**Project advisor must complete Part B.**

**Parent or guardian must complete Part C.**

**Part D is for FSA use only.**

*PART A, Items 1-40B are completed by the applicant, except item 19D is for FSA use only.*

| <b>Fld Name / Item No.</b>    | <b>Instruction</b>  |
|-------------------------------|---|
| 1<br>Exact Full<br>Legal Name | Enter the applicant's exact full legal name.  |
| 2<br>Address                  | Enter applicant's complete mailing address, including physical address if different from mailing address. |
| 3<br>County of<br>Project     | Enter the County where the project will be performed.   |
| 4<br>Social Security<br>No.   | Enter applicant's social security number.   |
| 5<br>Birth Date               | Enter applicant's date of birth.  |
| 6<br>Telephone<br>Number      | Enter applicant's contact telephone numbers, including area code.   |

| <b>Fld Name / Item No.</b>             | <b>Instruction</b>   |
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| 7<br>Marital Status                    | Enter check in the appropriate box for marital status.   |
| 8<br>Amount of Loan Request            | Enter the loan amount being requested.   |
| 9<br>Citizenship                       | Check "YES" if you are a U.S. citizen. Check "NO" if a U.S. non-citizen national or qualified alien and provide appropriate documentation of immigration status.   |
| 10<br>Previous FSA Assistance          | Check "YES" if you ever obtained a direct or guaranteed loan from FSA; if not, check "NO".   |
| 11<br>Delinquent on Federal Debt       | Check "YES" if you are delinquent on any federal debt and provide an explanation in Item 17. (Federal debt includes but is not limited to education loans, delinquent taxes, obligations at Natural Resources Conservation Service, etc.) Otherwise check "NO."  |
| 12<br>Debt Forgiveness                 | Check "YES" if the government ever forgave any debt on an FSA direct or guaranteed loan through a write-off, debt settlement, compromise, write-down, charge-off, adjustment, reduction or bankruptcy and provide an explanation in Item 17. If not, check "NO". |
| 13<br>Employment Information           | Check "YES" if employed and enter the name, mailing address and telephone number of the employer. Also provide the annual income and if employment is full or part time in Item 17. If not employed, check "NO".   |
| 14<br>Employee Relationship            | Check "YES" if you are an employee, related to an employee, or closely associated with an employee of the Farm Service Agency, and provide an explanation in Item 17. If not, check "NO".  |
| 15<br>Agriculture Related Organization | Check "YES" if you are an active member of FFA, 4-H or other agriculture related organization. Provide the name of the organization that will sponsor you for this project in Item 18. If not, check "NO".   |
| 16<br>Veteran                          | Check "YES" if you are a veteran. If not, check "NO".  |
| 17<br>Additional Answers               | Use this space to provide additional answers to questions on this application.   |
| 18<br>Brief Description of Project     | Provide a brief description of your proposed project.  |

| <b>Fld Name / Item No.</b> | <b>Instruction</b>   |
|----------------------------|--|
| 19A<br>Ethnicity           | Check the appropriate box indicating the individual applicant's ethnicity. |
| 19B<br>Race                | Check the appropriate boxes indicating the individual applicant's race.    |
| 19C<br>Gender              | Check the appropriate box indicating the individual applicant's gender.    |

*Item 19D is for FSA use only.*

| <b>Fld Name / Item No.</b>                | <b>Instruction</b>  |
|---|---|
| 20A<br>Income<br>Description              | Enter the description of each source of income.   |
| 20B<br>\$ Amount                          | Enter the annual dollar amount of income received from each source described.   |
| 21<br>Total                               | Enter the total annual dollar amount of income from all sources listed under Item 19B.  |
| 22A<br>Expense<br>Description             | Enter the description for each expense.   |
| 22B<br>\$ Amount                          | Enter the annual dollar amount of each expense described.   |
| 23<br>Total                               | Enter the total annual dollar amount of all expenses listed under Item 21B.   |
| 24<br>Annual Total<br>Income              | Enter the total annual dollar amount of income from Item 20.  |
| 25<br>Annual Total<br>Expenses            | Enter the total annual dollar amount of all expenses from Item 22.  |
| 26<br>Annual<br>Amount of<br>Payments Due | Enter the estimated annual dollar amount of payments due, including requested loan.   |
| 27<br>Ending Cash<br>Balance              | Subtract Item 24 "Annual Total Expenses" and 25 "Annual Amount of Payments Due" from Item 23 "Annual Total Income" to complete Item 26 "Ending Cash Balance". |
| 28A<br>Assets<br>Description              | Enter a description of all assets.  |

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|---|---|
| 28B<br>\$ Amount                              | Enter the dollar value of each asset described.   |
| 29<br>Total Assets                            | Enter the total dollar value of all assets described.   |
| 30A<br>Debts<br>Description                   | Enter a description of all debts.   |
| 30B<br>\$ Amount                              | Enter the dollar amount of each debt described.   |
| 31<br>Total Debts                             | Enter the total dollar amount of all debts described.   |
| 32<br>Total Assets                            | Enter the dollar amount of total assets from Item 28.   |
| 33<br>Total Debts                             | Enter the dollar amount of total debts from Item 30.  |
| 34<br>Net Worth                               | Enter the net worth by subtracting Item 32 from Item 31.  |
| 35<br>Special<br>Program<br>Information       | Please read.  |
| 36<br>Statement<br>Required by<br>Privacy Act | Please Read.  |
| 37<br>General<br>Information                  | Please read.  |
| 38<br>Certifications                          | Please read.  |
| 39<br>Warning                                 | Please read.  |
| 40A<br>Signature                              | <p>Enter the applicant's signature.</p> <p>If you are mailing or faxing this form, print the form and manually enter your signature. If you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office. The application will be processed; however, the original, signed copy of the form must be submitted to the USDA office before FSA can take final action on the application.</p> |

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|----------------------------|----------------------------------|
| 40B<br>Date                | Enter the date applicant signed. |

***PART B - All items are completed by the project advisor***

| <b>Fld Name / Item No.</b>            | <b>Instruction</b>   |
|---------------------------------------|--|
| 41A<br>Project Advisor Recommendation | Enter a brief description of how you plan to assist the applicant.   |
| 41B<br>Name                           | Print the project advisor's name   |
| 41C<br>Signature                      | Enter the project advisor's signature.<br><br>If you are mailing or faxing this form, print the form and manually enter your signature. If you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office. The application will be processed; however, the original, signed copy of the form must be submitted to the USDA office before FSA can take final action on the application. |
| 41D<br>Phone Number                   | Enter the contact phone number for the project advisor.  |
| 41E<br>Date                           | Enter the date the project advisor signed.   |

***PART C - All items are completed by the parent or guardian***

| <b>Fld Name / Item No.</b>               | <b>Instruction</b>  |
|--|---|
| 42A<br>Parent or Guardian Acknowledgment | Enter a brief description of how you plan to assist the applicant.  |
| 42B<br>Name                              | Print the parent or guardian name.  |
| 42C<br>Signature                         | Enter the parent or guardian's signature.<br><br>If you are mailing or faxing this form, print the form and manually enter your signature. If you have established credentials with USDA to submit forms electronically, use the buttons provided on the form |

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|--------------------------------|---|
|                                | for transmitting the form to the USDA servicing office. The application will be processed; however, the original, signed copy of the form must be submitted to the USDA office before FSA can take final action on the application. |
| 42D<br>Date                    | Enter the date the parent or guardian signed.   |

***PART D is for FSA use only.***