

## Instructions For CCC-441 Income

### ***NONINSURED CROP DISASTER ASSISTANCE PROGRAM CERTIFICATION OF INCOME ELGIBILITY***

Producers use this form to certify the percentage of income received from farming, ranching, and forestry operations during the most recent tax year. Producers receiving benefits under the noninsured crop disaster assistance program must complete this form.

Submit the original of the completed form in hard copy or facsimile to the appropriate FSA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

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.

***Producers must complete items 2, 3, and Part A.***

*Item 1 is for FSA use only.*

*Items 2-5*

<b>Fld Name / Item No.</b>	<b>Instruction</b>
2 Name and Address of Person	Enter your name, address, ID number, and telephone number. The telephone number is optional.  If you are a partnership or joint venture, each member of your partnership or joint venture must complete a separate CCC-441 certifying their income status.
3 Crop Year	Enter the crop year in which the commodity suffered a loss.  For the purposes of income eligibility determinations, the crop begins October 1 and ends September 30. Example: if you suffered a loss on oranges in December of 2000 it is in Fiscal Year 2001. 2001 is what will be entered in this block.
4 Farm	Leave this item blank.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
Number	
5 Unit Number	Leave this item blank.

Part A Certification of Income	<p>Enter a check mark in the appropriate box. (The term “Revenue” is explained on the back of the form). Contact your FSA office if you have any questions about this certification.</p> <p>Read Part B carefully before signing this document.</p> <p>Enter your signature and the date signed. If the producer in item 2 is not an individual, the form must be signed in the following format:</p> <ul style="list-style-type: none"><li>• ABC Corporation by: John Doe, President</li><li>• ABC Trust by: John Doe, Trustee</li></ul> <p>Only a person with signing authority for the entity may sign on behalf of the entity.</p>
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