Instructions for FSA-2211

APPLICATION FOR GUARANTEE

Lenders use this form to apply for an FSA loan guarantee. Loan applicants should <u>not</u> submit this form to FSA. This form is submitted to FSA by lenders after the lender has recorded the required information.

Lenders submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

Lenders who have established electronic access credentials with FSA may electronically transmit this form to the FSA servicing office. The application will be processed; however, the original, signed copy of the form must be submitted to the local servicing office before FSA can issue a loan guarantee. 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 FSA, follow the instructions provided at the USDA eForms web site.

Loan applicants who have not already provided the requested information to their lender must complete Items 1 through 25. Items 30 and 31 are required. Items 26 through 28 are voluntary.

Lenders must complete Items 32 through 66. Items 67-70 can be used as a checklist of documentation needed to request a guarantee.

Part A- Loan Applicant Information

Items 1-26

Fld. Name/ Item No.	Instruction					
1 Applicant's	Enter the applicant's complete name.					
Name						
2 Co-Applicant's Name	Enter co-applicant's complete name.					
3 Applicant's Telephone Number	Enter applicant's home or business telephone number, including area code.					

Fld. Name/	Instruction					
Item No.						
4 Applicant's Address	Enter applicant's complete mailing address, including physical address if different from mailing address.					
5 Applicant's SSN or Tax ID Number	Enter applicant's social security number or tax ID number.					
6 Applicant's Birth Date	Enter applicant's date of birth (<i>MM-DD-YYYY</i>).					
7 Co-Applicant's Birth Date	Enter co-applicant's date of birth (MM-DD-YYYY).					
8 Co-Applicant's Social Security Number	Enter co-applicant's social security number or tax ID Number.					
9 Total Number of Household Members	Enter the total number of persons living in the applicant's household.					
10 Type of Operation	Select appropriate entity type that applies to the applicant.					
11 Acres Owned	Enter total number of acres currently owned.					
12 Acres Rented	Enter total number of acres currently rented.					
13 Marital Status	Check the appropriate box for marital status.					
14 Have you ever conducted business	Check "YES" if you have conducted business under any other name and enter the name of the business. If not, check "NO."					
15 Have you or any member of the	Check "YES" if you or any member of the entity obtained a direct or guaranteed loan from FSA or other USDA agencies. If not, check "NO."					

Fld. Name/ Item No.	Instruction							
16 If you answered "YES"	Check "YES" if you previously had an FSA direct or guaranteed loan that was paid in full. If you are currently an FSA direct or guaranteed loan borrower, check "NO" and enter "active borrower" in the space provided.							
	Check "NO" and provide an explanation if you previously had an FSA farm loan which:							
	1. Was not paid in full, and/or							
	2. You were released from personal liability as part of a debt settlement for a direct or guaranteed FSA loan, and/or							
	3. The Government ever paid a loss claim to a Lender under a guaranteed loan.							
Have you or any member of the	Check "YES" if you or any member of the entity ever been in receivership, been discharged in bankruptcy, or filed a petition for bankruptcy. Otherwise check "NO."							
18 If you answered "YES"	If you answered "YES" to item 17, provide details.							
19 Are you or any member of	Check "YES" if you or any member of the entity is delinquent on any debt to the United States Government. If not, check "NO."							
the	Debt to the United States Government includes but is not limited to education loans, obligations to the Commodity Credit Corporation, Natural Resources Conservation Service, Veterans Administration, FSA, Rural Housing Service or Federal Crop Insurance Corporation/Risk Management Agency.							
20 Are you	Check "YES" if you or the majority of members of the entity are citizens of the United States. Otherwise check "NO."							
21 If "NO"	If you answered "NO" to item 20, check "YES" if you are a non-citizen national, or a qualified alien. Otherwise check "NO."							
	(Please provide documentation.)							
22 Are you a veteran?	Check "YES" if you are a veteran and indicate branch and dates of service. If not, check "NO."							

Fld. Name/ Item No.	Instruction				
Are you an employee, related	Check "YES" if you are an employee, related to an employee, or an associate of an employee of the lender or Farm Service Agency. If not, check "NO."				
24 Are you farming	If you are currently farming or ranching, check "YES." The years counted should be years that you or any entity in which you were an owner, reported income or loss from farming to the Internal Revenue Service. If there is more than one applicant, the number should be the greatest number calculated for any one applicant.				
25 If you answered "NO"	If you answered "NO" to item 24, but you have operated a farm in the past, list dates. The years counted should be years that you or any entity in which you were an owner, reported income or loss from farming to the Internal Revenue Service. If there is more than one applicant, the number should be the greatest number calculated for any one applicant.				

Items 26-28 - Voluntary Information for Monitoring Purposes

Fld. Name/ Item No.	Instruction			
26 Ethnicity	Check the appropriate box indicating your ethnicity.			
27 Race	Check the appropriate box or boxes indicating your race.			
28 Gender	Check the appropriate box indicating your gender.			

Items 29A-29B for FSA USE ONLY.

Items 30A-31B Part B Loan Applicant Certifications (To Be Completed By Applicant(s))

Fld. Name/ Item No.	Instruction				
Certifications	Please read the statements in this section carefully before signing.				
30A Applicant's Signature	Enter the signature of the applicant. If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and 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.				

Fld. Name/ Item No.	Instruction					
30B Date	Enter the date <i>(MM-DD-YYYY)</i> the applicant signed the form.					
31A Co-Applicant's Signature	Enter the signature of the co-applicant. If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and 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.					
31B Date	Enter the date (MM-DD-YYYY) the co-applicant signed the form.					

Items 32-39 - Part C Type of Assistance Requested (To Be Completed By Lender)

Fld. Name/ Item No.	Instruction					
32 Request Number	Enter number of requests for each guarantee request submitted on FSA-2211. For example: If form FSA-2211 is submitted for Guaranteed FO assistance only, this item should be completed to show "1" of "1" and Parts C, D, and E would be completed only once.					
	If form FSA-2211 is submitted for Guaranteed FO assistance, Guaranteed OL assistance, and Guaranteed OL-Line of Credit assistance, Parts C, D, and E must be completed for each guarantee requested. The separate request section should be completed to show "1" of "3", "2" of "3", and "3" of "3", respectively.					
33 Loan Type	Check the appropriate box for the type of loan the applicant is requesting.					
34 Loan Amount or LOC Ceiling	Enter the amount of the loan request or Line-of-Credit (LOC) ceiling.					
35 Interest Rate	Enter the rate of interest the loan applicant will be charged and check the appropriate box if the rate is "Fixed" or "Variable."					
36 Interest Assistance Requested	Check "YES" if Interest Assistance is requested. Otherwise check "NO."					
37 Repayment Period	Enter the repayment period (years) for the loan requested.					

Fld. Name/ Item No.	Instruction					
38	Check "YES" if this is a subsequent loan in the same operating					
Subsequent	cycle. If not, check "NO."					
Loan in Same						
Operating						
Cycle						
39	Enter the repayment terms for the loan requested.					
Repayment						
Terms						

Items 40-Part D Funds Purpose (To Be Completed By Lender)

Fld. Name/ Item No.	Instruction
40 Funds Purpose	Enter purpose for which loan funds obtained under FSA guarantee will be used. Example: OL Request for Guarantee Annual operating costs for cash grain operations Annual family living costs

Item 41-Part D Loan Amounts (To Be Completed By Lender)

Fld. Name/ Item No.	Instruction				
41 Funds Amount	Enter the amount of money to be used for each purpose.				
	Example:				
	OL Request for Guarantee				
	Annual operating costs for cash grain operations \$50,000				
	Annual family living costs \$18,000				

Items 42-46 - Part E Proposed Security (To Be Completed By Lender)

Fld. Name/ Item No.	Instruction					
42-46	Enter specific security information for each field.					
Proposed Security	Example:					
	OL Request for Guarantee					
	Item Description Value	Lien Position	Est. Value	Amount of Prior Lien	<u>Collateral</u>	
	Crops	1st	\$ 96,000	\$0	\$ 96,000	
	Machinery	2nd	\$ 82,000	\$50,000	\$ 32,000	
	Beef Calves	1st	\$200,000	\$0	<u>\$200,000</u>	
	Totals		\$378,000	\$50,000	\$328,000	

Items 47-51 - Part F Environmental Information (To Be Completed By Lender)

Fld. Name/ Item No.	Instruction
47-51 Environmental Information	Lenders shall carefully consider questions 47 through 51 and respond with the appropriate answers for the farm operation proposed for loan guarantee. If the lender has questions regarding these issues, the FSA Farm Loan Manager at the local USDA Service Center should be contacted for assistance.
	Lenders have to do site visit to operation and conduct environmental reviews as applicable.
47 Floodplains	Check "YES" if the real estate is located within the 100-year floodplain. Otherwise check "NO." If "YES" please provide an explanation and attach it to this form.
48 State Water Quality Standards	Check "YES" if the operation may violate State Water Quality Standards. Otherwise check "NO." If "YES" please provide an explanation and attach it to this form.
49 Historical and Archaeological Sites	Check "YES" if the property has any historical significance. Otherwise check "NO." If "YES" please provide an explanation and attach it to this form.

Fld. Name/ Item No.	Instruction
50 Wetlands and HEL	Check "YES" if loan funds will effect any Wetlands and Highly Erodible Land. Otherwise check "NO." If "YES" please provide an explanation and attach it to this form.
51 Hazardous Substances	Check "YES" if lenders have to do site visit to operation and conduct environmental reviews as applicable. Otherwise check "NO." If "YES" please provide an explanation and attach to this form.

Items 52-53 - Part G Cash Flow and Interest Assistance Needs Analysis (To Be Completed By Lender)

Fld. Name/ Item No.	Instruction
52 Net Cash Flow	Enter information from the applicant's cash flow budget. This item should be completed for all requests for assistance.
W/O I/A 53	Complete item 53 only if item 52 is negative and the lender is
Net Cash Flow	requesting interest assistance. If applicant has multiple guaranteed loans, lender is to indicate on which loans interest assistance is
W I/A	requested.

Items 54-63 - Part H Lender Information and Certification (To Be Completed By Lender)

Fld. Name/ Item No.	Instruction
54 Lender's Name, Address & Telephone Number	Enter the Lender's name, complete mailing address and phone number.
55 Lender Tax ID Number	Enter the Lender's Tax ID Number.
56 Regulatory Agency	Enter the lender's primary oversight agency (e.g., FDIC, OCC, FCA).
57f	Please read these certifications before signing.

Fld. Name/ Item No.	Instruction
57g Applications will Be	Enter appropriate date.
57h Application filed as a	Check the appropriate box.
58A Name of Lender's Representative	Enter the name of official authorized to execute official binding documents on the lender's behalf.
58B Title of Lender Representative	Enter the title of official authorized to execute official binding documents on the lender's behalf.
59A Signature of Authorized Lender	Enter the signature of the individual whose name appears in item 65A. The lender should promptly submit the completed application to FSA for consideration.
Representative	If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and 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.
59 Date	Enter the date (<i>MM-DD-YYYY</i>) the official authorized to execute official binding documents on the lender's behalf signed this form.

Items 60-63 Part I Supporting Documentation (To Be Completed By Lender)

Fld. Name/ Item No.	Instruction
60-63	Lenders may use these items as a checklist of supporting
Supporting	documentation to be submitted to FSA to request a guarantee.
Documentation	