

**STATEMENT REQUIRED BY THE PRIVACY ACT  
FOR NON-APPLICANTS**

**INSTRUCTIONS FOR PREPARATION**

<b>Purpose:</b> This form is used to solicit the information it deems necessary to support an FSA application by a party other than the applicant. This form is used to advise a non-applicant party that the collection of information is voluntary, and that failure to provide necessary information may delay processing or cause the rejection of the application. It also addresses disclosure of collected information by FSA.	
<b>Handbook Reference:</b> 3-FLP	<b>Number of Copies:</b> Original
<b>Signatures Required:</b> Original signed by Non-Applicant party.	
<b>Distribution of Copies:</b> Original in case file.	
<b>Automation-Related Transactions:</b> (Instructions for writers: provide only the information required, i.e. ADPS TC 3K. If no automation actions are required, insert N/A) N/A	

**Contact State Office if additional guidance is needed.**