

Supplemental Payment Agreement

INSTRUCTIONS FOR PREPARATION

Purpose: The purpose of this form is a documented agreement when a borrower agrees to make additional payments on the loan or payments in lieu of the installments specified on the Promissory Note.	
Handbook Reference: 5-FLP and 6-FLP	Number of Copies: Original and two copies
Signatures Required: All parties that signed the original promissory note or assumption agreement are required to execute this form.	
Distribution of Copies: Original is kept with the original promissory note/assumption agreement in the fireproof, locking safe. A copy is to be placed in the official agency casefile and a copy given to the borrower.	
Automation-Related Transactions: (Instructions for writers: provide only the information required, i.e. ADPS TC 3K. If no automation actions are required, insert N/A) ADPS 1M	

All items are completed by the Agency.

Fld Name / Item No.	Instruction
1 Borrower Name(s)	Enter the full name of the borrower or borrowers who are indebted to FSA. These will be the same parties that executed the original debt instrument (promissory note or assumption agreement) with the exception of any parties that have since been released of liability for the debt.
2(A)	Enter the original principal amount of the debt instrument being altered by this agreement.
2(B)	Enter the original date of the debt instrument being altered by this agreement.
3(A) Agreement term	Select either 3(A) or 3(B). By marking the check box 3(A) "in lieu of"; the payments described in item 4 or 5 are due instead of the payments identified on the original debt instrument.
3(B) Agreement term	Select either 3(A) or 3(B). By marking the check box 3(B) "in addition to"; the payments described in item 4 or 5 are due in addition to the payments identified on the original debt instrument.

Fld Name / Item No.	Instruction
4 or 5	Select either paragraph 4 or 5, not both.
4(A) Beginning date	Enter a beginning date for the supplemental payment amount to begin
4(B) Ending date	Enter an ending date for the supplement payment amount to end
4(C) Amount	Enter the amount of the payment that will be made either in lieu of or in addition to the original payment.
4(D) Time Frame	Enter the timeframe for the payment. I.e., per month, per quarter, per year, etc.
5(A)	Enter the date of the supplemental payments that will be made either lieu of or in addition to the original payment as identified on the original debt instruments.
5(B) Amount	Enter the amount of the supplemental payments that will be made either lieu of or in addition to the original payment as identified on the original debt instruments.
6-9 (A) Borrower's Name	<p>Enter (Type or Print) the name of the individual to sign the Agreement. These will be the same parties that executed the original debt instrument (promissory note or assumption agreement) with the exception of any parties that have since been released of liability for the debt.</p> <p>FOR ENTITY BORROWERS: Enter the name of the entity followed by the name of the individual to sign on behalf of the entity. Include the individual's title. For example: SMITH FARMS, INC; By John Smith, President</p>
6-9 (B) Signature	The borrower (individually liable party or entity representative) should sign the agreement.
6-9 (C) Date	Enter the date the borrower signed

Contact the State Office if additional guidance is needed.