VERIFICATION OF DEBTS AND ASSETS INSTRUCTIONS FOR PREPARATION

Purpose: This form is used to obtain informat respect to their FSA application for fin	
	Number of Copies: Original and one copy
Signatures Required: FSA Official and creditor	
Distribution of Copies: Original to creditor. Copy to case file	
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) N/A	

FSA completes Part A.

Financial Institutions must complete Parts B, C, and D.

PART A - General

Items 1 - 6D are completed by FSA.

Fld Name /	Instruction
Item No.	
1 Name of Financial Institution	Enter the complete name and address of the financial institution where a debt is owed or an asset is invested.
2 FSA Office Address	Enter the address of the FSA Office.
3 Name and Address of Applicant	Enter the complete name (s) and mailing address of the applicant (s).
5 Certification	Please read.
6A Name	Enter the name of the Agency Official.

Fld Name / Item No.	Instruction
6B	Enter the Agency Official's title.
Title	
6C	Enter the signature of the Agency Official.
Signature	
6D	Enter the date the Agency Official signed the form.
Date	

PART B- Verification of Debts

Items 1-7 are completed by the Financial Institution.

1	Enter the type of debt – Line of Credit, Term, Vehicle, Residential, etc.
Type of	
Debt	
1A	Enter the loan or account number.
Account	
Number	
1B	Enter the origination date of the loan or account.
Date of	
Origination	
1C	Enter the current principal balance of the loan or account.
Current	
Principal	
Balance	
1D	Enter the current accrued interest balance.
Accrued	
Interest	
1E	Enter the dollar amount of the daily interest accrual.
Daily	ř
Interest	
Accrual	
1F	Enter the effective date of Items 1C and 1D.
Effective	
Date	
1G	Enter the original loan amount or line of credit ceiling.
Original	
Loan	
Amount	
/LOC	
Ceiling	

Fld Name / Item No	Instruction
1H Last Payment Date	Enter the most recent date of payment on the loan or account.
1I Interest Rate	Enter the interest rate the loan or account is being charged and whether it is fixed or variable.
1J Installment Amount	Enter installment amount of the loan.
1K Installment Due Date	Enter the next installment due date.
1L Amount Past Due	Enter the amount that is currently past due if applicable.
1M Description of Collateral	Enter a brief description of the collateral in the case of a loan.
1N Maturity Date	Enter the maturity or final due date.
2 Repayment Record	Rate the applicant's repayment record in one of the following three checkboxes:
	Prompt. Enter a checkmark in this box if the applicant was prompt.
	Usually Prompt. Enter a checkmark in this box if the applicant was usually prompt.
	Not Prompt. Enter a checkmark in this box if the applicant was not prompt.
3 Years	Enter the number of years the applicant has conducted business with your institution.
4 Hereafter Acquired Clause	Check "YES" if your lien instruments contain a hereafter acquired clause. If not, check "NO".
5 Future Advance Clause	Check "YES" if your lien instruments contain a future advance clause. If not, check "NO".

Fld Name / Item No	Instruction
6 Additional Credit	Check "YES" if you would extend additional credit. If not, check "NO".
7 Additional Credit with an FSA Guarantee	Check "YES" if you would extend additional credit with an FSA guarantee. If not, check "NO".

PART C – Verification of Assets

Items 1A - F and 2 are completed by the Financial Institution.

1	Enter the type(s) of asset.
Type of Asset	
1A	Enter the number of the account.
Account	Lines the number of the account.
Number	
1B	Enter origination date of account.
Date of	
Origination	
1C	Enter the current balance on the account.
Balance	
1D	Enter the current interest rate the asset is earning.
Interest Rate	
1E	Enter the annuity amount the applicant is receiving.
Annuity	
1F	Enter the maturity date of the applicant's account.
Maturity	
Date	
2	Check "YES" if you impose a penalty should the applicant's deposit or
Withdrawal	investment account be withdrawn prior to maturity. If not, check "NO".
Penalty	

Fld Name /	Instruction
Item No.	

PART D - Certification

Items 1-6 are completed by the Financial Institution.

1	Enter any pertinent comments.
Additional	
Information	
2	Enter the name of the financial institution's representative.
Name of	
Institution's	
Repres.	
3	Enter the title of the financial institution's representative.
Title of	•
Institution's	
Repres.	
4	Enter the signature of the financial institution's representative.
Signature	
5	Enter the date the financial institution's representative signed the form.
Date	
6	Enter the financial institution's telephone number (including area code).
Telephone	_ `
Number	