# Instructions For FSA-2683

## REQUEST FOR LAND CONTRACT GUARANTEE ASSISTANCE

### Used by the FSA to obtain information on applicants applying for services. Submit the original of the completed form in hard copy to the appropriate FSA office.

**Customers who have established electronic access credentials with USDA may electronically transmit this form to the FSA office, provided that the customer submitting the form is the only person required to sign the transaction.**

**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.**

### All applicants complete Part A.

**Individual applicants complete Parts B, D and E.**

**Entities complete Parts C, D and E.**

**FSA completes Part F.**

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###### PART A – Applicant

***Items 1 – 3 are completed by all applicants.***

| Fld Name / Item No. | Instruction |
| --- | --- |
| 1  Exact Full Legal Name | Enter the applicant’s exact full legal name, and list all names the business is currently using. |
| 2  Address | Enter applicant’s complete mailing address*,* physical address if different from mailing address.  If operating as an entity, list where incorporated or otherwise registered. |
| 3  Contact Numbers | Enter the applicant’s home, cell, or business telephone number*,* as applicable. |

**PART B – Individual Applicant Information**

***Items 1 – 12 are completed by the applicants.***

| Fld Name / Item No. | Instruction |
| --- | --- |
| 1  Social Security Number | Enter the applicant’s social security number *(9 digit number).* |
| 2  Birth Date | Enter the applicant’s date of birth. |
| 3  County of  Operation  Head-  quarters | Enter the county where the operation’s headquarters are located. |
| 4  Name and Address of Employer/ Telephone | Enter the name, address and telephone number of the applicant’s employer. |
| 5  Annual Income | Enter the gross annual income of the household in U.S. dollars. |
| 6  Number of Household Members | Enter the number of members in the applicant’s household. |
| 7  Veteran Status | Check “yes” if applicant is a veteran and enter the appropriate dates of service and branch of the military.  Check “no” if not a veteran. |
| 8  Marital Status | Check the appropriate block depending on whether the applicant is married, separated or unmarried. |
| 9  Citizenship | Check “Citizen” if applicant is a U.S. citizen.  Check “Non-citizen national” if applicant is a non-citizen national.  Check “Qualified Alien” if applicant is a qualified alien.  If non-citizen national or qualified alien, applicant must provide a copy of appropriate documentation of immigration status. |
| 10  Ethnicity | Check the appropriate box indicating applicant’s ethnicity. |
| 11  Race | Check the appropriate box indicating the applicant’s race.  More than one box may be checked. |
| 12  Gender | Check the appropriate box indicating the applicant’s gender. |

**Item 13 is for FSA use only.**

###### PART C – Entity and Entity Member Information

***Items 1 – 4 are applicable to entities.  Informal entities may leave Items 2-4 blank, if not applicable.  Items 5A-5J and Items 5O - 5P must be completed for all entity members.  Items 5K-5M are voluntary.  Item 5N is for FSA use only.***

| Fld Name / Item No. | Instruction |
| --- | --- |
| 1  Entity Type | Check the appropriate box indicating the entity type. |
| 2  State of Registration | Enter the State where the entity is registered. |
| 3  Registration Number | Enter the entity’s registration number. |
| 4  Tax Identification Number | Enter the entity’s tax identification number *(9 digit number).* |
| 5A  Entity Member Exact Full Legal Name | Enter the individual member’s full legal name. |
| 5B  Social Security Number | Enter the individual member’s social security number *(9 digit* number). |
| 5C  Address | Enter the individual member’s complete address*.* |
| 5D  Contact Numbers | Enter the individual member’s contact numbers. |
| 5E  Birth Date | Enter the individual member’s birth date. |
| 5F  Name and Address of Employer/Telephone Number | Enter the name, address and telephone number of the individual member’s employer. |
| 5G  Percent of Ownership | Enter the individual member’s percentage of ownership in the entity. |
| 5H  Annual Income | Enter the individual member’s annual income. |
| 5I  Citizenship | Check the appropriate box to indicate the individual member’s status as a citizen, non-citizen national or qualified alien. |
| 5J  Marital Status | Check the appropriate box to indicate the individual member’s marital status as married, separated or unmarried. |
| 5K  \*Ethnicity | Check the appropriate box to indicate the individual member’s ethnicity. |
| 5L  \*Race | Check the appropriate box to indicate the individual member’s race. |
| 5M  \*Gender | Check the appropriate box to indicate the individual member’s gender. |

**Item 5N is for FSA use only.**

***Items 5O - 5P are completed by the individual entity member.***

|  |  |
| --- | --- |
| FLD Name/  Item No. | Instruction |
| 5O  Signature | Enter the individual member’s signature to indicate that they have read the statements and certifications on Pages 4 and 5. |
| 5P  Date | Enter the date the individual member signed the form. |

###### PART D - General Information

***Items 1 - 4 are completed by all applicants.***

| FLD Name/  Item No. | Instruction |
| --- | --- |
| 1  Counties Being Farmed | Enter the names of the counties which are being farmed by the operation. |
| 2  Acres Owned | Enter the number of acres that the individual/entity owns. |
| 3  Acres Rented | Enter the number of acres that the individual/entity rents. |
| 4  4  Description of Operation |  |
|  |
| Enter a description of the operation. |

###### PART E – Notifications, Certifications and Acknowledgement

***Items 1 – 17B are completed by all applicants.***

| FLD Name/  Item No. | Instruction |
| --- | --- |
| 1  Business Under Other Name | Check “YES” if you or any member of the entity ever conducted business under any other name, otherwise check “NO”.  If “YES” provide names used in Item 9. |
| 2  Previous FSA or FmHA Loans | Check “YES” if you or any member of the entity ever obtained a direct or guaranteed farm loan from FSA or the Farmers Home Administration; if not check “NO”. |
| 3  Debt Forgiveness | If Item 2 is “YES”, check “YES” if the government ever forgave any debt through a write-down, write-off, compromise, adjustment, reduction, charge-off, paying a loss on a guarantee, or bankruptcy.  If “YES”, provide details in Item 9; otherwise check “NO”. |
| 4  Delinquent on Federal Debt | Check “YES” if you or any member of the entity is delinquent on any federal debt (i.e. “Federal Debt” includes but is not limited to education loans, delinquent taxes, obligations at Natural Resources Conservation Service, obligations to FCIC, etc., or have an outstanding Federal judgement).  If “YES”, provide details in Item 9, otherwise check "NO". |
| 5  Pending Litigation | Check “YES” if you or any member of the entity or the entity itself is involved in any pending litigation.  If “YES”, provide details in Item 9, otherwise check “NO”. |
| 6  Bankruptcy | Check “YES” if you or any member of the entity has ever been in receivership, been discharged, or filed a petition for reorganization in bankruptcy.  If “YES” provide details in Item 9, otherwise check “NO”. |
| 7  Employee Relationship | Check “YES” if you are an employee, related to an employee, or closely associated with an employee of the Farm Service Agency. If not, check “NO”.  If “YES” provide details in Item 9. |
| 8  Farming Experience | Check “YES” if you are currently farming, or have in the past.  If “YES” provide the number of years and a brief explanation of your experience in Item 9. |
| 9  Additional Answers | Provide explanations to any “YES” responses for Items 1 - 8.  Use additional sheets as necessary. |
| 10 - 16  Statements | Read statements and certifications in Items 10 - 16. |
| 17A  Signature | Enter the signature of the individual applicant or the authorized entity representatives. |
| 17B  Date | Enter the date the applicant signed.    If faxing or mailing the form, print the form and manually enter your signature.  This form is approved for electronic transmission.  If 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.  Electronic submission may only be completed if you are the only person required to sign this form. |

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###### Part F – FSA Use Only

**Items 1 – 5 completed by FSA**.