

Instructions for FSA-2210

APPLICATION FOR EZ GUARANTEE

Lenders use this form to apply for an FSA EZ guarantee. Loan applicants should not 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, scanned via email or facsimile to the appropriate USDA servicing office.

Lenders who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office. The application will be processed; however, the original, signed copy (hard, scanned or facsimile) 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 USDA, 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 Parts A, C, and D. Co-applicants or entity members must complete Parts B and D. Ethnicity, race, gender, and veteran status information is voluntary.

Continuation pages are available for additional co-applicants or entity members. Ethnicity, race, gender, and veteran status information is voluntary.

Lenders must complete Parts E through J.

NOTE: Any questions answered "FALSE" may require additional information. Lenders should contact the local FSA Office for more direction.

Fld. Name/ Item No.	Instruction
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PART A – Loan Applicant Information

1 Applicant's Name	Enter the applicant's complete legal name.
2 Applicant's 9 Digit ID Number	Enter applicant's 9 digit social security number or tax ID number.

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3 Applicant's Birth Date	Enter applicant's date of birth (MM-DD-YYYY).
4 Applicant's Address	Enter applicant's complete mailing address, including physical address if different from mailing address.
5 Residence or Headquarters	Enter county the applicant resides in or the county where the headquarters office is located.
6 Applicant's Telephone No.	Enter applicant's home or business telephone number, including area code.
7 Marital Status	For Individual applicants' check the box that most closely corresponds to current marital status.
8 Type of Operation	Check the appropriate box for type of operation. For entity applicants, all members must complete Parts B and D. (Continuation pages available for multiple members).

Items 9 - 12 - Voluntary Information for Monitoring Purposes

9 Ethnicity	Check the appropriate box indicating your ethnicity.
10 Race	Check the appropriate box or boxes indicating your race.
11 Gender	Check the appropriate box indicating your gender.
12 Veteran Status	Check the appropriate box indicating your veteran status.

Part B – Co- Applicant or Entity Member Information (Continuation completed in same manner)

13A Co-Applicant's or Entity Member's Name	Enter the co-applicant's or the entity member's complete legal name.
13B Co-Applicant's or Entity Member's ID No.	Enter co-applicant's or the entity member's social security number or tax ID Number.
13C Co-Applicant's or Entity Member's Birth Date	Enter co-applicant's or the entity member's date of birth (MM-DD-YYYY).

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13D Co-Applicant's or Entity Member's Address	Enter the co-applicant's or the entity member's complete mailing address, including physical address if different from mailing address.
13E Residence or Headquarters	Enter county the co-applicant or entity member resides in or the county where the headquarters office is located.
13F Co-Applicant's or Entity Member's Telephone No.	Enter co-applicant's or the entity member's home or business telephone number, including area code.
13G % Ownership	Enter the percent of the entity that is owned by the member.
13H Marital Status	Check the box that most closely corresponds to current marital status of the co-applicant or the entity member, if an individual.

Items 13I – 13L - Voluntary Information for Monitoring Purposes (Complete as applicable)

13I Ethnicity	Check the appropriate box indicating your ethnicity.
13J Race	Check the appropriate box or boxes indicating your race.
13K Gender	Check the appropriate box indicating your gender.
13L Veteran Status	Check the appropriate box indicating your veteran status.

Part C – Eligibility Information

14 Operator of a Family Farm	Check "True" if the applicant is or will be the operator of a family size farm. If not, check "False".
15 Commodity Produced or Will be Produced	Enter primary commodity produced or will be produced.
16 Number of Years	Enter number of years in production agriculture.
17 Acres Owned	Enter total number of acres currently owned.

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18 Acres Rented	Enter total number of acres currently rented.
19 Debt Forgiveness	Check "TRUE" if you (<i>including all members if an entity</i>) have NOT caused the Agency any loss. If you have, check "FALSE".
20 Debt to the U.S. Government	<p>Check "TRUE" if you (<i>including all members if an entity</i>) do NOT have any delinquent debt owed to the US Government. If you have delinquent debt owed to the US Government, check "FALSE".</p> <p>Debt to the U.S. 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.</p>
21 Outstanding Recorded Judgments	Check "TRUE" if you (<i>including all members if an entity</i>) do NOT have any outstanding judgements obtained by the US in Federal Court. If you do have recorded judgements, check "FALSE".
22 Citizen of the US	Check "TRUE" if you or the members holding majority interest in the entity are citizens of the U.S., a U.S. non-citizen national, or a qualified alien under applicable Federal immigration laws. If not, check "FALSE".
23 Legal Capacity	Check "TRUE" if you (<i>including all members if an entity</i>) have the legal capacity to incur debt. If not, check "FALSE".
24 Controlled Substances	Check "TRUE" if you (<i>including all members if an entity</i>) have NOT been convicted of planting, cultivating, growing, producing, harvesting, storing, trafficking, or possessing a controlled substance within the last 5 crop years. If you have been convicted, check "FALSE".
25 Employee or Related to an Employee	Check "TRUE" if you (<i>including all members if an entity</i>) are NOT an employee, related to an employee, or an associate of an employee of the lender or Farm Service Agency. If you are, check "FALSE".
26 Sufficient Credit	Check "TRUE" if you (<i>including all members if an entity</i>) are UNABLE to get credit without a guarantee. If you are able to, check "FALSE".
27 False Statements	Check "TRUE" if you (<i>including all members if an entity</i>) have NOT given FSA false or misleading documents or statements in the past. If you have, check "FALSE".

Items 28A – 28C Part D Loan Applicant Certifications To Be Completed By Applicant(s)

Certification/ Acknowledgment	Please read the statements in this section carefully before signing.
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Fld. Name/ Item No.	Instruction
28A Signature of Applicant	Enter the signature of the applicant.
28B Capacity	Check "Self" if you are signing for yourself. Check "Entity Representative" if you are signing on behalf of an entity.
28C Date	Enter the date (MM-DD-YYYY) the applicant signed the form.

Items 29A – 29C Part D Loan Applicant Certifications (Continuation completed in the same manner). (To Be Completed By Co-Applicant(s) or Entity Members as applicable)

Certification/ Acknowledgment	Please read the statements in this section carefully before signing.
29A Signature of Co-Applicant or Entity Member	Enter the signature of the co-applicant or entity member.
29B Capacity	Check "Self" if you are signing for yourself. Check "Entity Representative" if you are signing on behalf of an entity.
29C Date	Enter the date (MM-DD-YYYY) the co-applicant or entity member signed the form.

Part E Type of Assistance Requested (To Be Completed By Lender)

30 Request Number	<p>Enter number of requests for each guarantee request submitted on FSA-2210. For example: If form FSA-2210 is submitted for Guaranteed FO assistance only, this item should be completed to show 1" of 1" and Parts E, F, and G would be completed only once.</p> <p>If form FSA-2210 is submitted for Guaranteed FO assistance, Guaranteed OL assistance, and Guaranteed OL-Line of Credit assistance, only Parts E, F, and G 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".</p>
31 Loan Type	Check the appropriate box for the type of loan the applicant is requesting.
32 Loan Amount or LOC Ceiling	Enter the amount of the loan request or Line-of-Credit (LOC) ceiling.
33 Interest Rate	<p>Enter the rate of interest the loan applicant will be charged and check the appropriate box if the rate is "Fixed" or "Variable".</p> <p>Note: If the interest rate is variable or fixed for less than five years, check variable. If the interest rate is fixed for five or more years, check Fixed.</p>

Fld. Name/ Item No.	Instruction
34 Repayment Period	Enter the repayment period (years) for the loan requested. Note: For LOC, enter the number of years the loan will be outstanding, not the number of years of advances.
35 Repayment Frequency	Enter the repayment terms for the loan requested, including estimated installment; even, uneven, balloon; and frequency of installment.

Part F Funds Purpose (To Be Completed By Lender)

36 Funds Purpose	Enter purpose for which loan funds obtained under FSA guarantee will be used. Example: <u>OL/LOC Request for Guarantee</u> Annual operating costs for cash grain operations Annual family living costs
37 Funds Amount	Enter the amount of money to be used for each purpose. Example: <u>OL/LOC Request for Guarantee</u> Annual operating costs for cash grain operations \$30,000 Annual family living costs \$18,000

Part G Proposed Security (To Be Completed By Lender)

38 - 42 Proposed Security	Enter specific security information for each field. Example: <u>OL/LOC Request for Guarantee</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">38. Item</th> <th style="text-align: center;">39. Lien Position</th> <th style="text-align: center;">40. Est. Value</th> <th style="text-align: center;">41. Amount of Prior Lien</th> <th style="text-align: center;">42. Collateral Value</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Crops</td> <td style="text-align: center;">1st</td> <td style="text-align: right;">\$96,000</td> <td style="text-align: right;">\$0</td> <td style="text-align: right;">\$96,000</td> </tr> <tr> <td style="text-align: center;">Machinery</td> <td style="text-align: center;">2nd</td> <td style="text-align: right;">\$82,000</td> <td style="text-align: right;">\$50,000</td> <td style="text-align: right;">\$32,000</td> </tr> </tbody> </table>	38. Item	39. Lien Position	40. Est. Value	41. Amount of Prior Lien	42. Collateral Value	Crops	1 st	\$96,000	\$0	\$96,000	Machinery	2 nd	\$82,000	\$50,000	\$32,000
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43 Totals	Enter totals of column from Items 40, 41 and 42.															

Part H - Loan Requirements (To Be Completed By Lender)

Fld. Name/ Item No.	Instruction
44 Applicant shows the potential...	<p>Check "TRUE", if your analysis shows the applicant is likely to repay this loan. If not, check "FALSE".</p> <p>Repayment can be demonstrated by such things as:</p> <ul style="list-style-type: none"> • Scorecard analysis score of _____ • Historical debt coverage ratio of _____ • Pro forma debt coverage ratio of _____ • Or other repayment capacity indicator calculated <p>Also include how this compares to your minimum underwriting standard or acceptable level of risk.</p>
45 Applicant has Acceptable Credit History	Check "TRUE" if applicant, including all members of the entity, have acceptable credit history. If not, check "FALSE".

Part I - Environmental Information (To Be Completed By Lender)

Lenders shall carefully consider questions 46 through 53 and respond with the appropriate answers for the farm operation proposed for EZ 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 must complete a site visit to the operation and conduct environmental reviews as applicable.

46 HEL/WL Compliance	Check "TRUE" if compliance on the AD-1026 has been certified and is on file. Otherwise check "FALSE".
47 Land Use	Check "TRUE" if proceeds from this request or project will NOT accommodate any shift in land use, ground disturbance, clearing of woody vegetation or stumps, or for drilling of a well. Otherwise check "FALSE".
48 Floodplains	Check "TRUE" if the property on which farming activities are taking place is NOT located near or within a floodplain. Otherwise check "FALSE".
49 Historical and Archaeological Sites	Check "TRUE" if property on which farming activities take place is NOT known to be of historical significance or contain any known archaeological sites. Otherwise check "FALSE".

Fld. Name/ Item No.	Instruction
50 Hazardous Substances	Check “TRUE” if property on which the farming activities take place is NOT known to be contaminated with hazardous substances or waste and does NOT contain underground storage tanks. Otherwise check “FALSE”.
51 Endangered Species	Check “TRUE” if there are NO known endangered species or habitats that will be disturbed by the operation. Otherwise check “FALSE”.
52 Environmental Compliance	Check “TRUE” if there are NO pending or active law suits regarding environmental compliance against the operator or property and there are NO environmental liens or judgements filed against the property as a result of not complying with Federal or State environmental laws. Otherwise check “FALSE”.
53 State Water Quality Standards	Check “True” if this is NOT a livestock operation. Check “False” if this is a livestock operation and include number of animals and type of livestock.

Part J - Lender Information and Certification (To Be Completed By Lender)

54 Lender Certifies	Item f – enter the effective date of FSA- 2201, Lender’s Agreement. Item g – Check the box that corresponds with Lender’s status.
55A - B Lending Institution Name, Address & Telephone No.	Enter the Lender’s name, complete mailing address and phone number <i>(Include Area Code)</i> .
56A Lender Tax ID Number	Enter the Lender’s 9 Digit Tax ID Number.
56B Regulatory Agency	Enter the lender’s primary oversight agency <i>(e.g., FDIC, OCC, FCA, Department of Treasury, FSA)</i> .
57 Email Address	Enter lender representative’s email address.
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.

Fld. Name/ Item No.	Instruction
59A Signature of Authorized Lender Representative	<p>Enter the signature of the individual whose name appears in item 58A. The lender should promptly submit the completed application to FSA for consideration.</p> <p>If you are mailing, emailing 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.</p>
59B Date	Enter the date the official authorized to execute official binding documents on the lender's behalf signed this form.

Part K FSA USE ONLY

60A Date Received	For FSA Use Only. Enter date received.
60B Date Complete	For FSA Use Only. Enter date completed.