

**REQUEST FOR MICROLOAN ASSISTANCE
INSTRUCTIONS FOR PREPARATION**

Purpose: This form is used to obtain information from applicants applying for FSA operating loans through the microloan application process.	
Handbook Reference: 1-FLP and 3-FLP	Number of Copies: Original only
Signatures Required: Original by Individual applicant or Authorized Entity Representative	
Distribution of Copies: County Office Case File	
Automation-Related Transactions: DLS	

All applicants complete Part A. Individual applicants complete Parts B, D, F and G. Entities complete Parts C, D, F and G; Part E if applicable. FSA completes Part H.

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PART A – Applicant

Items 1 – 3 are completed by all applicants.

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 Information	Enter the applicant’s home or cell telephone number, as applicable, and e-mail address.

PART B – Individual Applicant Information

*Items 1 – 9 are completed by the applicant. *Items 7-9 are voluntary. Item 10 is for FSA use only.*

1 Social Security No.	Enter applicant’s Social Security Number (9-digit number).
2	Enter applicant’s date of birth.

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Birth Date	
3 County of Operation Head- Quarters	Enter the county where the operation headquarters is located.
4 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.
5 Marital Status	Check the appropriate block depending on whether the applicant is married, separated or unmarried.
6 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.
7 *Ethnicity	Check the appropriate box indicating applicant's ethnicity.
8 *Race	Check the appropriate box indicating the applicant's race. More than one box may be checked.
9 *Gender	Check the appropriate box indicating the applicant's gender.
10 FSA Use Only	Check the appropriate box indicating if the information collected was provided or observed.

PART C – Entity Applicant Information

Items 1 – 5 are applicable to entities. Informal entities may leave Items 2-4 blank, if not applicable.

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 No.	Enter the entity's registration number.
4 Tax ID No.	Enter the entity's Tax Identification number (<i>9-digit number</i>).
5 Exact Full Legal Name of Primary Entity Contact	Enter the exact full legal name of the primary entity contact.

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PART D – Financial Statements of Applicant

Individual applicants and entities will fill out this part. Entity members will provide their financial statement information on Part E.

1A Income Description	Describe the projected farm income source (type of crop(s), livestock, etc).
1B Amount	Enter the projected annual dollar amount for each source.
2 Total Annual Farm Income	Enter the total dollar amount of projected annual farm income.
3A Expenses Description	Describe the projected farm expenses.
3B Amount	Enter the projected annual dollar amount for each of the farm expenses listed in 3A.
5 Net Farm Income	Subtract Item 4 from Item 2 above and enter dollar amount here. This is your total projected net farm income.
6 Total Annual Non-Farm Income	Enter the dollar amount of total annual projected non-farm income (do not include farm income in this estimate).
7 Total Annual Family Living Expenses	Enter the dollar amount of total projected annual family living expenses (do not include farm expenses in this estimate).
8 Net Non-Farm Income	Subtract Item 7 from Item 6 above and enter dollar amount here. This is your total projected net non-farm income.
9 Net Total Annual Income	Add Item 5 to Item 8 and enter dollar amount here. This is your total projected net annual income from farm and non-farm sources.
10A Assets Description	Enter description of assets owned by applicant.
10B Value	Enter the dollar value of each asset listed.
11 Total Assets	Add the value of each asset listed in 10B above and enter the total dollar value here.

<i>Fld Name / Item No.</i>	<i>Instruction</i>
12A Creditor	List the name(s) of creditors.
12B Payment	Enter the annual dollar amount of payments due to each of the creditors listed.
12C Balance	Enter the total balance due (as of Balance Sheet Date) to each of the creditors listed.
13 Total Debts	Add the balance due for each debt listed in 12C above and enter the total dollar value here.
14 Total Assets	Enter the dollar amount from Item 11.
15 Total Debts	Enter the dollar amount from Item 13.
16 Net Worth	Subtract Item 15 from Item 14 and enter the dollar amount here.

PART E – Entity Applicant Information

*Items 1A – 10 are applicable to entity members. *Items 1J – 1L are voluntary. Each entity member will complete Part E. Part E can be duplicated as needed.*

1A Exact Full Legal Name of entity member	Enter the individual member's exact full legal name.
1B Social Security Number	Enter the individual member's social security number (9 digit number).
1C Birth Date	Enter the individual member's birth date.
1D Address	Enter the individual member's complete address.
1E Contact Numbers	Enter the individual member's contact numbers.
1F Percent of Ownership	Enter the individual member's percentage of ownership in the entity.
1G Annual Income	Enter the individual member's gross annual non-farm income in U.S. dollars.
1H Citizenship	Check the appropriate box to indicate the individual member's status as a citizen, non-citizen national or qualified alien.
1I Marital Status	Check the appropriate box to indicate the individual member's marital status as married, separated or unmarried.

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1J *Ethnicity	Check the appropriate box to indicate the individual member's ethnicity.
1K *Race	Check the appropriate box to indicate the individual member's race.
1L *Gender	Check the appropriate box to indicate the individual member's gender.
1M FSA Use Only	Check the appropriate box indicating if the information collected was provided or observed.
2A Assets Description	Enter description of assets owned by the individual member.
2B Value	Enter the dollar value of each asset listed.
3 Total Assets	Add the value of each asset listed in 2B above and enter the total dollar value here.
4A Creditor	List the name(s) of creditors.
4B Payment	Enter the annual dollar amount of payments due to each of the creditors listed.
4C Balance	Enter the total balance due (as of Balance Sheet Date) to each of the creditors listed.
5 Total Debts	Add the balance due for each debt listed in 4C above and enter the total dollar value here.
6 Total Assets	Enter the dollar amount from Item 3.
7 Total Debts	Enter the dollar amount from Item 5.
8 Net Worth	Subtract Item 7 from Item 6 and enter the dollar amount here.
9 Signature	Enter the individual member's signature to indicate that they have read the statements and certifications on Pages 3 through 5.
10 Date	Enter the date the individual member signed the form.

PART F – General Information

Items 1 – 6 are completed by all applicants.

1 Counties Being Farmed	Enter the names of the counties which are being farmed by the operation.
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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.
4A Purpose of Loan	Enter the purpose the loan funds will be used for.
4B Amount Requested	Enter the amount of loan funds requested.
5 Description of Operation	Enter a description of the operation.
6 Description of Training	Enter a description of the applicant's farm training and experience. Include number of years farming, involvement with agriculture-related organizations, and details of apprenticeship, if applicable.

PART G – Notifications, Certification and Acknowledgement

Items 1 – 17C are completed by all applicants.

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 8.
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 8; 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.) If "YES," provide details in Item 8, 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 8, 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 8, otherwise check "NO".
7	Check "YES" if you are an employee, related to an employee, or closely

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Employee Relationship	associated with an employee of the Farm Service Agency. If not, check "NO." If "YES" provide details in Item 8.
8 Additional Answers	Provide explanations to any "YES" responses for Items 1 – 7. Use additional sheets as necessary.
9 – 16 Statements	Read statements and certifications in Items 9 – 16.
17A Signature	Enter the signature of the individual applicant or the authorized entity representatives.
17B Title/relationship	Enter the title/relationship of the individual if signing in a representative capacity.
17C Date	Enter the date the applicant signed.

Part G – FSA Use Only

Items 1 – 2 completed by FSA.

1 Date Received	Enter the date FSA-2330 Received in Service Center.
2 Credit Report Fee	Enter the credit report fee and the date it is received in the Service Center.