

Instructions For FSA-2007

COSIGNER APPLICATION AND AGREEMENT

This form is used to obtain and solicit information it deems necessary from a cosigner to support an FSA application.

Submit the original of the completed form in hard copy to the appropriate USDA servicing office.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing 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.

***Cosigner must complete Part A, B and C.
FSA completes Part D.***

PART A – Cosigner

Items 1 – 11 are completed by the cosigner.

Fld Name / Item No.	Instruction
1 Exact Full Legal Name	Enter the cosigner's exact full legal name as shown on a state driver's license or State ID card.
2 Email Address	Enter the cosigner's email address.
3 Mailing Address	Enter the cosigner's complete mailing address. Indicate if the mailing address is different from the cosigner's physical address.
4A Physical Address	Enter the cosigner's complete physical address if different from the mailing address.
4B County of Residence	Enter the county where the cosigner's residence is located.
5 Contact	Enter the cosigner's home, cell, or business telephone number, as applicable. Indicate cosigner's best contact telephone number by

Fld Name / Item No.	Instruction
Numbers	selecting "Primary" in the applicable box.
6 Applicant	Enter the name of the applicant for which the cosigner is agreeing to cosign for.
7 Birth Date	Enter the cosigner's date of birth.
8 Social Security Number	Enter the cosigner's social security number (<i>9 digit number</i>).
9 Name and Address of Employer/ Telephone	Enter the name, address and telephone number of the cosigner's employer, if applicable.
10 Citizenship	Check applicable citizenship status. If non-citizen national, qualified alien, or refugee, as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), 8 U.S.C. 1641, cosigner must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B.
11 Legal Capacity/ Authority	Check the appropriate box to indicate if the cosigner has the legal capacity, age, mental capacity and authority to enter into a legal binding agreement.

PART B – Notifications, Certifications and Acknowledgement for the Cosigner

Items 1 – 12 are completed by the cosigner.

1 Business Under Other Name	Check "YES" if you ever conducted business under any other name; otherwise check "NO." If "YES," provide the names used in Item 8.
2 Previous FSA or FmHA Loans	Check "YES" if you ever obtained a direct or guaranteed farm loan from FSA or the Farmers Home Administration; otherwise check "NO."

Fld Name / Item No.	Instruction
3 Debt Forgiveness	If Item 2 is "YES," check "YES" if the government ever forgave any debt through 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 are delinquent on any federal debt (i.e. "Federal Debt" includes but is not limited to education loans, delinquent taxes, obligations to Natural Resources Conservation Service, obligations to FCIC, etc., or have an outstanding Federal judgement). If "YES," provide details in Item 8; otherwise check "NO."
5 Pending Litigation	Check "YES" if you are involved in any pending litigation. If "YES," provide details in Item 8; otherwise check "NO."
6 Bankruptcy	Check "YES" if you have 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 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 "YES," provide details in Item 8; otherwise check "NO."
8 Additional Answers	Provide explanations to any "YES" responses to Items 1 - 7. Use additional sheets if necessary.
9 - 12 Statements	Read statements and certifications in Items 9 - 12.

PART C – Certification and Cosigner Signatures

Items 1A and 1B are completed by the cosigner.

1A Signature	Enter the signature of the cosigner.
1B Date	Enter the date the cosigner signed. If 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.

PART D – FSA Use Only

Fld Name / Item No.	Instruction
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Items 1 – 5 are completed by FSA.
