

STREAMLINED REQUEST FOR DIRECT OL ASSISTANCE

INSTRUCTIONS FOR PREPARATION

Purpose: This form is used to obtain information from applicants applying for Streamlined OL Assistance.	
Handbook Reference: 3-FLP, 4-FLP, 5-FLP and 6-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, B, and C.
FSA completes Part D.

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 – General Information

Items 1 – 2 are completed by the applicant.

Fld Name / Item No.	Instruction
1 Purpose of Loan	Prefilled with Annual Operating Expenses.
2 Amount Requested	Enter the amount of annual operating loan being requested.

PART C – Notifications, Certifications and Acknowledgement

Items 1 – 6 are completed by all applicants.

1 Changes to the Operation	Check “YES” if you have made significant changes to the operation since you received your last Annual OL.
2 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 6, otherwise check "NO".
3 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 6, otherwise check “NO”.
4 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 6, otherwise check “NO”.
5 Employee	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 6.
6 Additional answers	Write the item number to which each answer applies. If additional space is needed use sheets of papers the same size as the application with your name on each additional page.

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Fld Name / Item No.	Instruction
7-13 Statements	Read statements and certifications in Items 10 – 17.
14A Signature	Enter the signature of the individual applicant or the authorized entity representatives.
14B Title/ Relationship of the Individual Signing	Enter Title and or Relationship of the person signing the application.
14C Date	Enter the date the applicant signed.

Part D – FSA Use Only*Items 1 – 3 completed by FSA.*

1 Date Received	Enter the date FSA-23141 Received in Service Center.
2 Credit Report Fee	Enter the credit report fee and the date it is received in the Service Center
3 Agency Official	Enter the name of the Agency Official receiving the application.