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| ***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 |
| --- | --- |
| 1Exact Full Legal Name | Enter the applicant’s exact full legal name, and list all names the business is currently using. |
| 2Address | Enter applicant’s complete mailing address*,* physical address if different from mailing address. If operating as an entity, list where incorporated or otherwise registered. |
| 3Contact 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 |
| --- | --- |
| 1Purpose of Loan | Prefilled with Annual Operating Expenses. |
| 2Amount Requested | Enter the amount of annual operating loan being requested. |

**PART C – Notifications, Certifications and Acknowledgement**

***Items 1 – 6 are completed by all applicants.***

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| 1Changes to the Operation | Check “YES” if you have made significant changes to the operation since you received your last Annual OL. |
| 2Delinquent 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". |
| 3Pending 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”.  |
| 4Bankruptcy | 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”.  |
| 5Employee | 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. |
| 6Additional 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** |
| 7-13Statements | Read statements and certifications in Items 10 – 17. |
| 14ASignature | Enter the signature of the individual applicant or the authorized entity representatives. |
| 14BTitle/Relationship of the Individual Signing | Enter Title and or Relationship of the person signing the application. |
| 14CDate | Enter the date the applicant signed. |

###### Part D – FSA Use Only

**Items 1 – 3 completed by FSA**.

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