

<b>FSA-2210</b> (10-24-16)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	Position 3
<h2 style="margin: 0;">APPLICATION FOR EZ GUARANTEE</h2>		

**INSTRUCTION TO LENDER:** All Loan Applicants will complete Part A. If the Applicant is an entity, they will complete Part B. If the Applicant is an individual, they will complete Part C. All loan Applicants will complete Parts D, E and F. Lender will complete Parts G through L. Co-Applicants and entity members will complete Parts N and O.

**PART A – TYPE OF OPERATION**

1. Type of Operation:

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Joint Operation	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
<input type="checkbox"/> LLC	<input type="checkbox"/> Other (Explain): _____				

**PART B – ENTITY APPLICANT INFORMATION**

1. Entity Name	2. Entity Tax ID No.	3. Number of Entity Members
4. Entity Address	5. Entity Headquarters County	6. Entity Telephone No. <i>(Including Area Code)</i>

**PART C – INDIVIDUAL APPLICANT INFORMATION**

1. Applicant's Full Legal Name	2. Applicant's 9 Digit Social Security or Tax ID No.	3. Applicant's Birthdate <i>(MM-DD-YYYY)</i>
4. Applicant's Address	5. Residence or Headquarters County	6. Applicant's Telephone No. <i>(Including Area Code)</i>
7. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed		

**PART D – OTHER INFORMATION**

1. Have you ever conducted business under any other name(s)?  YES  NO  
 If "YES", what name(s)? \_\_\_\_\_

**Voluntary Information for Monitoring Purposes**

Ethnicity, race, and gender information is requested in order to monitor FSA's compliance with Federal laws prohibiting discrimination against loan applicants and to determine if you qualify for targeted funds. You are not required to furnish this information, but are encouraged to do so. Failure to complete this information may result in you not receiving access to targeted funds for which you may be eligible. Entity applicants should base their answers on the ethnicity, race, and gender of the owners of a majority interest in the entity.

<b>2A. Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>2B. Race (Choose as many boxes as applicable)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	<b>2C. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>2D. Veteran Status</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Non Veteran
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**PART E - ELIGIBILITY INFORMATION (Continued on Page 2)**

1. I am or will be the operator of a family farm <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Number of Years Farming	3. Acres Owned	4. Acres Rented
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5. Description of Operation, Including Commodity Produced or Will Be Produced

	YES (True)	NO (False)
6. I (including all members, if an entity applicant) have not caused the Farm Service Agency a loss by receiving debt forgiveness through write-down, write-off, compromise, adjustment, reduction, charge-off, payment of a guaranteed loss claim, or bankruptcy.	<input type="checkbox"/>	<input type="checkbox"/>
7. I (including all members, if an entity applicant) am not delinquent on any debt to the United States Government.	<input type="checkbox"/>	<input type="checkbox"/>
8. I (including all members, if an entity applicant) do not have any outstanding recorded judgments obtained by the United States in a Federal Court.	<input type="checkbox"/>	<input type="checkbox"/>

**PART E - ELIGIBILITY INFORMATION**

		YES (True)	NO (False)
9.	I (or members holding a majority interest if an entity applicant) am a citizen of the United States, a U.S. non-citizen national, or a qualified alien under applicable Federal immigration laws. (United States non-citizen nationals and qualified aliens must provide the appropriate documentation as to their immigration status)	<input type="checkbox"/>	<input type="checkbox"/>
10.	I (including all members, if an entity applicant) have the legal capacity to incur the obligations of the loan.	<input type="checkbox"/>	<input type="checkbox"/>
11.	I (including all members, if an entity applicant) have not been convicted of planting, cultivating, growing, producing, harvesting, storing, trafficking, or possessing a controlled substance within the last 5 crop years.	<input type="checkbox"/>	<input type="checkbox"/>
12.	I (including all members, if an entity applicant) am not an employee, related to an employee, or an associate of an employee of the Lender or Farm Service Agency.	<input type="checkbox"/>	<input type="checkbox"/>
13.	I (including all members, if an entity applicant) am unable to obtain sufficient credit without a guarantee.	<input type="checkbox"/>	<input type="checkbox"/>
14.	I (including all members, if an entity applicant) have not provided the Farm Service Agency with false or misleading documents or statements in the past.	<input type="checkbox"/>	<input type="checkbox"/>

**PART F – LOAN APPLICANT CERTIFICATIONS (TO BE COMPLETED BY APPLICANT(S))****RIGHT TO FINANCIAL PRIVACY ACT OF 1978**

FSA has a right of access to financial records held by financial institutions in connection with providing assistance to you, as well as collecting on loans made to you or guaranteed by the government. Financial records involving your transaction will be available to FSA without further notice or authorization but will not be disclosed or released by this institution to another government Agency or Department without your consent except as required by law.

**THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT** prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, or age (provided the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**CERTIFICATIONS, RESTRICTIONS, AND DISCLOSURE OF LOBBYING ACTIVITIES**

- The loan applicant certifies that: if any funds, by or on behalf of the loan applicant, have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, or loan, the loan applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- The loan applicant shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including contracts, subcontracts, and subgrants, under grants and loans) and that all subrecipients shall certify and disclose accordingly.
- This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this statement is a prerequisite for making or entering into this transaction and is imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

**ABUSE OF CONTROLLED SUBSTANCES**

The loan applicant certifies that he or she as an individual, or any member of an entity applicant, has not been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the last 5 crop years, in accordance with 21 U.S.C. 889. The loan applicant also certifies that he/she as an individual, or any member of an entity applicant, is not ineligible for Federal benefits based on a conviction for the distribution of controlled substances or any offense involving the possession of a controlled substance under 21 U.S.C. 862.

**FEDERAL DEBT**

The loan applicant certifies and acknowledges that any amounts paid by FSA on account of the liabilities of the guaranteed loan borrower will constitute a Federal debt owing to FSA by the guaranteed loan borrower. In such case, FSA may use all remedies available to it, including offset under the Debt Collection Improvement Act, to collect the debt from the borrower. The Agency's right to collect is independent of the lender's right to collect under the guaranteed note and will not be affected by any release by the lender of my (our) obligation to repay the loan. Any Agency collection under this paragraph will not be shared with the lender.

**ACKNOWLEDGMENT**

*I certify that I accept and comply with the conditions stated hereon. I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith to obtain a loan. I understand that the approval period will not begin until a complete application has been filed. (Warning: section 1001 of Title 18, United States Code provides for criminal penalties to those who provide false statements on loans. If any information on this application is found to be false or incomplete, such finding may be grounds for denial of the requested credit and civil and criminal prosecution.)*

1A. Signature of Applicant	1B. Capacity  <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	1C. Date Signed (MM-DD-YYYY)
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**PART G - TYPE OF ASSISTANCE REQUESTED (TO BE COMPLETED BY LENDER)**

1. Request No. _____ of _____	2. Loan Type <input type="checkbox"/> FO <input type="checkbox"/> OL <input type="checkbox"/> OL/LOC	3. Loan Amount or LOC Ceiling \$ _____	4. Interest Rate _____ % <input type="checkbox"/> Variable <input type="checkbox"/> Fixed
5. Repayment Period (Years)		6. Repayment Frequency	

**PART H – FUNDS PURPOSE (TO BE COMPLETED BY LENDER)**

1. Purposes for which funds will be used	2. Amount
	\$ _____
	\$ _____
	\$ _____

**PART I - PROPOSED SECURITY (TO BE COMPLETED BY LENDER)**

1. Item Description	2. Lien Position	3. Estimated Value	4. Amount of Prior Lien	5. Collateral Value
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
<b>6. TOTALS:</b>		\$ _____	\$ _____	\$ _____

**PART J - LOAN REQUIREMENTS (TO BE COMPLETED BY LENDER)**

1. Applicant shows the ability to repay requested loan as demonstrated by:	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicant has acceptable credit history.	<input type="checkbox"/>	<input type="checkbox"/>

**PART K - ENVIRONMENTAL INFORMATION (TO BE COMPLETED BY LENDER)**

Based on a site visit to the loan applicant's operation and discussion of the operating plan, answer the following:	YES (True)	NO (False)
1. <b>HEL/WL Compliance:</b> Applicant has certified compliance on AD-1026 covering the period of the loan and filed AD-1026 with the applicable Farm Service Agency Service Center.	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Land Use:</b> Proceeds from this request or project will not accommodate any shifts in land use, ground disturbance, clearing of woody vegetation or stumps or for drilling of a well.	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Floodplains:</b> Property on which farming activities are taking place is not located near or within a floodplain.	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Historical and Archaeological Sites:</b> Property on which farming activities take place is not known to be of historical significance or contain any known archaeological sites.	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Hazardous Substances:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Endangered Species:</b> There are no known endangered or proposed endangered species or habitats that will be disturbed by the operation.	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Environmental Compliance:</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>State Water Quality Standards:</b> This is not a livestock operation.  *If "NO", this is a livestock operation consisting of _____ (number of livestock) _____ (type of livestock)	<input type="checkbox"/>	<input type="checkbox"/>

**PART L – LENDER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY LENDER)**

1. Lender Certifies that:

- a. All applicable requirements in 7 C.F.R. Part 762, and FSA-2201 have been or will be met.
- b. The Lender would not make the loan without an FSA guarantee.
- c. Applicant shows the ability to repay the requested loan.
- d. The proposed collateral securing the loan is considered adequate.
- e. All documentation required by 7 C.F.R. Part 762, but not required to be submitted with the loan application, has been obtained and supports the data presented in this application.
- f. Application will be governed by Lender's Agreement (FSA-2201) dated: \_\_\_\_\_ .  
(Date)
- g. Application filed as a (check one):  MLP  SEL  CLP  PLP

2A. Lending Institution Name and Address	3A. Lender 9 Digit Tax ID No.
	3B. Regulatory or Certifying Agency
2B. Telephone No. (Including Area Code)	4. Email Address
5A. Name of Lender's Representative	5B. Title of Lender's Representative
6A. Authorized Lender Representative's Signature	6B. Date

**PART M – FSA USE ONLY**

1A. Date Received	1B. Date Completed
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**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 762, the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine loan applicant eligibility to participate in and receive benefits under the FSA Guaranteed Farm Loan Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of Lender Institution ineligibility to participate in and receive benefits under the FSA Guaranteed Farm Loan Program.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0155. The time required to complete this information collection is estimated to average 1.15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

**PART N – CO-APPLICANT OR ENTITY MEMBER INFORMATION**

1A. Co-Applicant's or Entity Member's Name	1B. Co-Applicant's or Entity Member's 9 Digit Social Security or Tax ID No.	1C. Co-Applicant's or Entity Member's Birth Date (MM-DD-YYYY)
1D. Co-Applicant's or Entity Member's Address	1E. Residence or Headquarters County	1F. Co-Applicant's or Entity Member's Telephone No. (Including Area Code)
1G. % Ownership (if entity member):		

1H. Marital Status:  Married  Unmarried  Divorced  Legally Separated  Widowed

**Voluntary Information for Monitoring Purposes**

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1I. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	1J. Race (Choose as many boxes as applicable) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	1K. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	1L. Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Non Veteran	<input type="checkbox"/> Asian <input type="checkbox"/> White
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2A. Co-Applicant's or Entity Member's Name	2B. Co-Applicant's or Entity Member's 9 Digit Social Security or Tax ID No.	2C. Co-Applicant's or Entity Member's Birth Date (MM-DD-YYYY)
2D. Co-Applicant's or Entity Member's Address	2E. Residence or Headquarters County	2F. Co-Applicant's or Entity Member's Telephone No. (Including Area Code)
2G. % Ownership (if entity member):		

2H. Marital Status:  Married  Unmarried  Divorced  Legally Separated  Widowed

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3A. Co-Applicant's or Entity Member's Name	3B. Co-Applicant's or Entity Member's 9 Digit Social Security or Tax ID No.	3C. Co-Applicant's or Entity Member's Birth Date (MM-DD-YYYY)
3D. Co-Applicant's or Entity Member's Address	3E. Residence or Headquarters County	3F. Co-Applicant's or Entity Member's Telephone No. (Including Area Code)
3G. % Ownership (if entity member):		

3H. Marital Status:  Married  Unmarried  Divorced  Legally Separated  Widowed

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**PART O – CO-APPLICANT OR ENTITY MEMBERS CERTIFICATIONS**

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**CERTIFICATIONS, RESTRICTIONS, AND DISCLOSURE OF LOBBYING ACTIVITIES**

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**FEDERAL DEBT**

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1A. Signature of Co-Applicant or Entity Member	1B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	1C. Date Signed (MM-DD-YYYY)
2A. Signature of Co-Applicant or Entity Member	2B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	2C. Date Signed (MM-DD-YYYY)
3A. Signature of Co-Applicant or Entity Member	3B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	3C. Date Signed (MM-DD-YYYY)