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| **INSTRUCTIONS FOR PREPARATION** |
| **COSIGNER APPLICATION AND AGREEMENT** |
| **Purpose:**This form is used to obtain and solicit information it deems necessary from a cosigner to support an FSA application. |
| **Handbook Reference:**1-FLP and 3-FLP | **Number of Copies:**Original only |
| **Signatures Required:**Original by cosigner |
| **Distribution of Copies:**County Office Case File |
| **Automation-Related Transactions:**  DLS |

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

***PART A – Cosigner***

***Items 1 – 11 are completed by the cosigner.***

| **Fld Name /Item No.** | **Instruction** |
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| 1Exact Full Legal Name | Enter the cosigner’s exact full legal name as shown on a state driver’s license or State ID card. |
| 2Email Address | Enter the cosigner’s email address. |
| 3Mailing Address | Enter the cosigner’s complete mailing address. Indicate if the mailing address is different from the cosigner’s physical address. |
| 4APhysical Address | Enter the cosigner’s complete physical address if different from the mailing address. |
| 4BCounty of Residence | Enter the county where the cosigner’s residence is located.  |
| 5Contact Numbers | Enter the cosigner’s home, cell, or business telephone number*,* as applicable. Indicate cosigner’s best contact telephone number by selecting “Primary” in the applicable box. |
| 6Applicant | Enter the name of the applicant for which the cosigner is agreeing to cosign for. |
| 7Birth Date | Enter the cosigner’s date of birth. |
| 8Social Security Number | Enter the cosigner’s social security number *(9 digit number).* |
| 9Name and Address of Employer/ Telephone | Enter the name, address and telephone number of the cosigner’s employer, if applicable. |
| 10Citizenship | 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. |
| 11Race | Check the appropriate box indicating applicant’s race. More than one box may be checked. Providing applicant’s race is voluntary; however, if applying as a socially disadvantaged applicant based on race, this information is required. |
| 12Veteran Status | Check the appropriate box indicating applicant’s veteran status. |
| 13Marital Status | Check the appropriate block depending on whether the applicant is unmarried, separated, or married and applying as an individual applicant. |
| 14Ethnicity | Check the appropriate box indicating applicant’s ethnicity. Providing applicant’s ethnicity is voluntary; however, if applying as a socially disadvantaged applicant based on ethnicity, this information is required. |
| 15Gender | Check the appropriate box indicating applicant’s gender. Providing applicant’s gender is voluntary; however, if applying as a socially disadvantaged applicant based on gender, this information is required. |
| 16For FSA Use Only | Check the appropriate box indicating if information collected was provided or observed. |
| 17Legal 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.*** |
| 1Business 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. |
| 2Previous 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.” |
| 3Debt 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.”   |
| 4Delinquent 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." |
| 5Pending Litigation  | Check “YES” if you are involved in any pending litigation.  If “YES,” provide details in Item 8; otherwise check “NO.” |
| 6Bankruptcy | 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.”   |
| 7Employee 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.” |
| 8Additional Answers | Provide explanations to any “YES” responses to Items 1 - 7.  Use additional sheets if necessary. |
| 9 - 12Statements | Read statements and certifications in Items 9 - 12.  |
| ***PART C – Certification and Cosigner Signatures******Items 1A and 1B are completed by the cosigner.*** |
| 1ASignature | Enter the signature of the cosigner. |
| 1BDate | 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******Items 1 – 5 are completed by FSA****.*  |