

USDA Form RD 1956-1 (Rev. 2-94) APPLICATION FOR SETTLEMENT OF INDEBTEDNESS	ADVISE NUMBER _____	
	TAXPAYER IDENTIFICATION NUMBER _____	DATE _____
	STATE AND COUNTY OFFICE CODE _____	CASE NO. _____
	<input type="checkbox"/> COMPROMISE <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> CHARGE OFF <input type="checkbox"/> CANCELLATION	

PART I GENERAL INFORMATION

A. I (We) _____ and _____
 of _____
(Name) (Name) (Address)

hereby request that my (our) indebted described in Part II (A) below be considered for settlement pursuant to the pertinent law and regulations and certify that the following statements are true and correct to the best of my (our) knowledge and belief.

B. AGE OF: DEBTOR _____ YEARS; CO-DEBTOR _____ YEARS; DEPENDENT CHILDREN _____

NAMES, AGE, AND RELATIONSHIP OF OTHER DEPENDENTS _____

PRESENT PHYSICAL CONDITION OF DEBTOR(S) GOOD FAIR POOR (describe in PART VIII)

PART II DEBTS OWED TO THE DEPARTMENT OF AGRICULTURE

LOAN CODE IDENTIFICATION (1)	FINAL DUE DATE (2)	ORIGINAL AMOUNT (3)	UNPAID BALANCE (4)		
			INTEREST	PRINCIPAL	TOTAL
(A) FmHA DEBTS FOR WHICH SETTLEMENT IS REQUESTED:					
(B) OTHER DEBTS OWED FmHA					
(C) DEBT OWED OTHER AGENCIES OF DEPARTMENT OF AGRICULTURE					
TOTALS					

PART III INCOME AND EXPENSES OF APPLICANT FAMILY AND PAYMENTS MADE ON DEBTS

ESTIMATED TOTAL GROSS INCOME LAST CALENDAR YEAR (1)		ESTIMATED TOTAL GROSS INCOME PRESENT CALENDAR YEAR (2)		ESTIMATED TOTAL GROSS INCOME NEXT CALENDAR YEAR (3)	
SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT
TOTALS					

PRESENT PRINCIPAL EMPLOYMENT:

(B) FAMILY LIVING EXPENSES DURING CALENDAR YEAR	PRESENT		NEXT		(E) PAYMENTS MADE BY FAMILY DURING CALENDAR YEAR	
Food					Real Estate Liens	
Rent					Secured Chattel Debts	
Personal Care					Unsecured Creditors	
Household Operating					Farmers Home Administration	
House & Household					Others	
Appliance Repairs					TOTALS	
School, Church & Recreation					(F) SUMMARY DURING CALENDAR YEAR	
Insurance:						
Personal					1. Total Income - (A)	
Property					2. Total Expense (B) + (C) + (D) + (E)	
Liability					3. Loans To be Received	
Other					4. Total Available (1. -2. + 3.)	
TOTAL FAMILY LIVING EXPENSE					5. Capital Expenditures	
(C) FARM OR BUSINESS OPERATING EXPENSE (Excluding Interest)					6. Balance Available To Pay Debts (4. -.5.)	
(D) ALL TAXES					7. Balance Available To Pay FmHA Debt	

Public reporting burden for this collection of information is estimated to average 30 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, AG Box 7630, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0575-0118), Washington, D.C. 20503. Please DO NOT RETURN this form to either of these addresses. Forward to FmHA only.

If the decision contained above in this form results in denial, reduction or cancellation of FmHA assistance, you may appeal this decision and have a hearing or you may request a review in lieu of a hearing. Please use the form we have included for this purpose.

PART IV BALANCE SHEET (INDIVIDUALS)									
CURRENT FARM ASSETS				\$ VALUE	CURRENT FARM LIABILITIES				\$ AMOUNT
Cash: Savings: (\$)		Checking: (\$)			Accounts and Notes Payable (Creditor& Due Date)			Past Due	
Other Invest:(Time Cert \$)		(Other \$)							
Accounts and Notes Receivable									
Crops and Feed	Units	Value Per Unit							
Livestock to be sold	Units	Unit Weight	Value Per Unit						
					CCC Loan: (Security) (Due Date)				
					Current Portion of Principal Due on:				
					Intermediate Liabilities				
					Long Term Liabilities				
Growing crops	Acres	Cost/Acre			Accrued Interest on:				
					Accounts and Notes Payable				
					Intermediate Liabilities				
					Long Term Liabilities				
					Accrued Taxes				
Supplies & Prepaid Expenses					Income Tax & Social Security				
Leases					Other judgments, liens, etc.)				
Other					Accrued Rent/Lease Payments)				
TOTAL CURRENT FARM ASSETS				4	TOTAL CURRENT FARM LIABILITIES				4
INTERMEDIATE FARM ASSETS					INTERMEDIATE FARM LIABILITIES (portion due beyond 12 months)				
Accounts & Notes Receivable beyond 12 months					Creditor	Due Date	Int. Rate	Amount Delinquent	
Breeding Livestock	Units	Value Per Unit							
Machinery, Equipment, Vehicles									
Cash Value, Life Ins. (Face Amt.)					CCC Grain Reserve				
CCC Grain Reserve: (Qty.) (Value/Unit)					Facilities Pmt. \$				
Coop Stock					Loan Secured by Life Insurance				
Other					Other				
TOTAL INTERMEDIATE FARM ASSETS				4	TOTAL INTERMEDIATE FARM LIABILITIES				4
LONG TERM FARM ASSETS (Farm Real Estate)					LONG TERM FARM LIABILITIES (portion due beyond 12 months)				
Total Acres	Date Purchased	Cost			Creditor	Due Date	Int. Rate	Amount Delinquent	
Coop Stock									
Equity in Partnerships/Corporations/joint Operations/Cooperatives									
Other					Other				
TOTAL LONG TERM FARM ASSETS				4	TOTAL LONG TERM FARM LIABILITIES				4
TOTAL FARM ASSETS				4	TOTAL FARM LIABILITIES				4

PART VI DEBTOR'S OFFER AND CERTIFICATION (continued)

(E) In making this offer of settlement, I (we) understand and agree that (1) the amount offered will be deposited in the United States Treasury and held in suspense pending consideration of the offer, (2) if the offer is accepted I (we) will be notified, and (3) if the offer is rejected, I (we) will be notified and the amount offered will returned in the form of a United States Treasury check.

(F) All of the debts referred to in Part 11 (A) have been discharged in bankruptcy. Yes No

(G) Witness: _____
Address: _____
Witness: _____
Address: _____

Debtor: _____
Debtor: _____

(H) This application for debt settlement has been adopted by the _____ of the _____ and caused to be executed by the officers below on this _____ day of _____.

Attest: _____
Title: _____ (SEAL)

By: _____
Title: _____

PART VII FmHA COUNTY COMMITTEE RECOMMENDATION

To the best of our knowledge and belief the statements made by the debtor(s) in this application are true; we know of no assets or income of the debtor(s) which are not disclosed in the application, and we recommend that the proposed settlement be accepted rejected.

(Date)

(Signature)

(Signature)

(Signature)

PART V III RECOMMENDATION AND APPROVAL

I find from the statements and disclosures of the debtor(s) that the requirements of the pertinent law and regulation have have not been satisfied.

I recommend the acceptance rejection of the application of the debtor(s) as set out in Part VI hereof.

REMARKS: (Use a separate sheet, if necessary)

County Supervisor/District Director

(Address)

State Director

Date

Administrator

Date

This settlement is recommended approved rejected under the authority contained in pertinent law and regulations.

This settlement is approved rejected under the authority contained in pertinent law and regulations.