(See Page 2 for the Privacy Act and the Public Burden Statements.)

FSA-2006 (03-23-10)			U.S. D	PEPARTMENT O Farm Service	F AGRICULTURE Agency			Position 3		
		P	ROPE	RTY OWNE	D AND LEA	SEI)			
1. Name of App	olicant									
A. LAND. Include all land owned, to be owned, or leased.										
1A. Owner of R			1B. Des					1C. County		
1D. Farm No.	1E. Total Acres	1F. Crop A	Acres	1G. Oral/ Written Lease	1H. Crop Share		1I. Cash Rent	1J. Expiration Date		
2A. Owner of R	Record		2B. Des	scription		70	<u>*</u>	2C. County		
2D. Farm No.	2E. Total Acres	2F. Crop A	Acres	2G. Oral/ Written Lease	2H. Crop Share		2I. Cash Rent \$	2J. Expiration Date		
3A. Owner of R	Record		3B. Des	scription		•		3C. County		
3D. Farm No.	3E. Total Acres	3F. Crop A	Acres	3G. Oral/ Written Lease	3H. Crop Share	%	3I. Cash Rent	3J. Expiration Date		
4A. Owner of F			4B. Des					4C. County		
4D. Farm No.	4E. Total Acres	4F. Crop A	Acres	4G. Oral/ Written Lease	4H. Crop Share		4I. Cash Rent	4J. Expiration Date		
5A. Owner of R	 Record		5B. Des	scrintion		%	\$	5C. County		
JA. Owner or N	Record		JB. Des	осприон				Sc. County		
5D. Farm No.	5E. Total Acres	5F. Crop A	Acres	5G. Oral/ Written Lease	5H. Crop Share		5I. Cash Rent	5J. Expiration Date		

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To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

3. EQUIPMENT/LIVESTOCK. Include only equipment/livestock to be purchased, currently leased, or to be lease 1. 2. 3. 4. 5. 6. Type of Lease Units Number of Units Number of Units Units Units Units	7. Expiration Date
	Expiration Dat

C. CERTIFICATION

I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)

1. Signature

NOTE:

The following 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 the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and 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 the 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 may result in a denial for loans and loan quarantees, and servicing of loans and loan quarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

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 0560-0237. The time required to complete this information collection 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.