This form is available electronically. 0237

FSA-2014 (12.31.7)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency						Position 3		
	VERIFICATION OF INCOME								
PART A - GENERAL									
1. TO					2. FROM				
3. I certify that this verification has	s been ser	t directly a	nd has not pass	sed thro		ands or any	other interested pa	rty.	
4. Name					5. Title				
6. Signature					7. Date				
O Applicants Name and Address									
8. Applicant's Name and Address					 The applicant has requested assistance from the U.S. Department of Agriculture. FSA must verify all sources of income as part of 				
					the loan application process. The applicant authorized the release of information requested below by executing the attached				
					FSA-2004.	allon request	ed below by execut	ng the attached	
PART B – VERIFICATION OF E		IENT							
1. Date of employment 2. Position						3. Probabi	ility of continued em	ployment	
							,		
A Bass pay (Chasse and only)									
	Base pay (Choose one only)					Maaltut			
Annually \$ Monthly \$									
Hourly Other \$					No. of hours per week				
5. Past Year 6				6. Cu	rrent year to date as of	7. Proje	cted next year		
Base Pay	\$			\$			\$		
Overtime	\$	\$				\$			
Commissions	\$ \$			\$			\$		
Bonus \$				\$			\$		
PART C – VERIFICATION OF OTHER INCOME									
1. Source 2. Frequency				су			3. Amount		
						\$			
4. Comments									
PART D – CERTIFICATION									
1. Federal statutes provide severe c									
representations to a government agency or officer with the intention of in 2. Name					Title	en ugency or	officer.		
4. Signature				5.	5. Phone Number 6. [6. Date		
NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 55.					a): the Farm Service Agency (FSA) is authorized by the Consol			d Rural Development	
Act, as amended (7 USC 1921 et seq necessary for FSA to determine eligit	er, to solicit the information req	uested on its app	plication forms. The inforn	nation requested is					
of Agriculture agencies, the Internal F	Revenue Serv	ice, the Departi	ment of Justice or oth	er law enf	orcement agencies, the Depar	tment of Defense	e, the Department of Hous	ing and Urban	
Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collectic or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or servicing contractors.									
or servicing contractors, to creat reporting agencies, to private automeys under contract win FSA or the Department or Justice, to business tirms in the trade area initial buy chatter or crops or sen them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its									
rejection.	equesteu, III	aaniy your 300	nai Security Number	or reuera	Tax Identification Number, Ill	ay result III a dela	ay in the processing of all	αρρησατιστη ση π.5	
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 15 minutes per									
response, including the time for revie RETURN THIS COMPLETED FORM	wing instructi	ons, searching	existing data sources						
The U.S. Department of Agriculture (USDA) prohi familial status, parantal status, roligion sovual or	ibits discrimin	ation in all its pi	rogram and activities					x, marital status,	

all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information, generic information, political beliefs, reprisal, or because all or part of an individuals income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's

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