

**FSA-2301**  
(11-18-21)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

## REQUEST FOR YOUTH LOAN

### APPLYING FOR AN FSA YOUTH LOAN

**To the Youth Applicant:** There are two things you should do before completing this loan application:

1. If you are under 18, either a parent or legal guardian must consent to you getting a loan. Make sure that your parent or legal guardian supports your decision to apply for a Farm Service Agency Youth Loan. Your parent or guardian's signature on this application means only that they agree that you may receive the loan. Unless they co-sign on your loan documents, they are not responsible to repay the loan; **repaying this loan is your responsibility.**
2. The program requires that you must have a project advisor. Your project advisor must sign the application in the appropriate section. This person can be your 4-H club leader; a county extension agent; a vocational agriculture teacher/FFA Advisor; or other person associated with an organization or program that you are involved in. Keep in mind that whoever you choose as your advisor will be expected to help you plan your project, review your records, help you with problems and answer any questions you might have. Talk with the person you choose to make sure he/she is willing to take on this responsibility and sign your loan application as project advisor.

FSA suggests youth applicants use the available corresponding instructions for the proper completion of this form. The instructions are found on the Internet at <http://tinyurl.com/7u3t38s>. Please ask a parent, guardian, teacher, guidance counselor, or vocational advisor to help you understand the responsibility of applying and receiving a loan.

Assistance is also available from your local FSA office for any part of the application process. FSA can help you complete the requested form(s), explain what information is necessary, and answer any questions you have. Farm Loan Teams located at USDA Service Centers are responsible for processing youth loan applications. You can find the address and telephone number of the nearest Farm Loan Team serving the County where you plan to farm from the Internet at <http://tinyurl.com/7syle36>.

The loan application form asks for statistical information such as your race, ethnicity, and gender information. The Federal Government requests this information to monitor FSA's compliance with Federal laws prohibiting discrimination against applicants; it is not used to evaluate an application. You are encouraged to provide this information; however you are not required to do so. If you choose not to provide this information, FSA is required to note race, ethnicity, and gender based on observer identification.

If you are 18 or older, a credit report is required. When you submit your loan application, you will be asked to pay the credit report fee to FSA. This is not applicable for Youth Loan applicants under 18.

**To the Youth Loan Applicant's Parent or Guardian:** An FSA Youth Loan is a business transaction intended to provide an opportunity for the applicant to gain life skills and acquire experience in agricultural business and production management. Each applicant's project must be part of an organized and supervised program of work and must produce sufficient income to repay the loan. With your assistance, each applicant will be able to understand what it means to apply for a farm loan, the terms of the loan, and the responsibility of repayment of the loan. Please note that youth loan borrowers have full personal liability for the loan even though they may not be of legal age. A cosigner is required only if it is determined that the applicant cannot meet the repayment or security requirements for the loan request. These requirements will be explained during the application process. If the applicant's plan is realistic and achievable, a cosigner will not be required.

#### **IMPORTANT NOTICE**

**Within 10 calendars days after the date FSA receives your loan application, FSA will send you a letter that will tell you either that your application is complete, or it will tell you what additional information is needed to complete your loan application. If you do not receive this letter within 10 days of the submission of your application, please contact your local FSA office.**

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**



This form is available electronically.

(See Page 4 for Nondiscrimination, Privacy Act and Paperwork Reduction Act Statements)

**FSA-2301**  
(11-18-21)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

**REQUEST FOR YOUTH LOAN**

**PART A – APPLICANT INFORMATION**

1. EXACT FULL LEGAL NAME		2. ADDRESS	
3. COUNTY OF PROJECT		4. EMAIL ADDRESS	
5. SOCIAL SECURITY NUMBER	6. BIRTH DATE		7. TELEPHONE NUMBER
8. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED (INCLUDING SINGLE, DIVORCED, AND WIDOWED)			9. AMOUNT OF LOAN REQUEST \$
10. Are you a citizen of the United States? If "NO", appropriate documentation must be submitted for a United States non-citizen national, or a qualified alien under applicable Federal immigration laws.			YES NO
11. Have you ever obtained a direct or guaranteed farm loan from the Farm Service Agency (FSA)?			
12. Are you delinquent on any Federal debt or do you have any outstanding Federal judgments? If "YES", provide details in Item 18.			
13. Have you ever had any FSA direct or guaranteed farm loan debt forgiven through a write-off, debt settlement, compromise, write-down, charge-off, adjustment, reduction, or bankruptcy? If "YES", provide details in Item 18.			
14. Are you currently employed? If "YES", provide employer's name, address, phone number, amount of annual income, and if employment is full or part-time in Item 18.			
15. Are you an FSA employee or are you related to or closely associated with any FSA employee? If "YES", explain in Item 18.			
16. Are you an active member of FFA, 4-H or other agriculture related organizations? If "YES", provide name of organization in Item 18.			
17. Are you a Veteran?			
18. ADDITIONAL ANSWERS. Write the item number to which each answer applies. If you need more space, use additional sheets of paper the same size as this page. On each sheet, write your name.			

19. BRIEF DESCRIPTION OF PROJECT. (Beginning date of project, name of organization and project plans.)

**VOLUNTARY INFORMATION**

**VOLUNTARY INFORMATION FOR MONITORING PURPOSES:** Race, ethnicity and gender information is requested by the Federal Government in order to monitor FSA's compliance with Federal laws prohibiting discrimination against loan applicants. 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 have been eligible. This information will not be used in evaluating your application or to discriminate against you in any way. If you do not furnish it, FSA is required to note your race, ethnicity and gender on the basis of observer identification. **(\*This data is requested for statistical purposes only. One or more boxes may be selected.)**

20A. *ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	20B. *RACE (Choose as many boxes as applicable) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	20C. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
---	---	---

<input type="checkbox"/> I prefer not to share	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> I prefer not to share	<input type="checkbox"/> Non-binary	
			<input type="checkbox"/> I prefer not to share	

**PROJECTED ANNUAL INCOME AND EXPENSES**

**21. INCOME:**

A. DESCRIPTION:	B. \$ AMOUNT
<b>22. TOTAL:</b>	

**23. EXPENSES:**

A. DESCRIPTION:	B. \$ AMOUNT
<b>24. Total:</b>	
<b>25. Annual Total Income from Item 22:</b>	
<b>26. Annual Total Expenses from Item 24: (-)</b>	
<b>27. Annual Amount of Payments Due (Including this loan): (-)</b>	
<b>28. Ending Cash Balance (Subtract Item 26 and Item 27 from Item 25):</b>	

**ASSETS AND DEBTS**

<b>29. ASSETS:</b>		<b>31. DEBTS:</b>	
A. DESCRIPTION	B. \$ AMOUNT	A. DESCRIPTION	B. \$ AMOUNT
<b>30. TOTAL ASSETS:</b>		<b>32. TOTAL DEBTS:</b>	
<b>33. Total Assets from Item 30:</b>			
<b>34. Total Debts from Item 32: (-)</b>			

35. Net Worth (Subtract Item 34 from Item 33):	
--	--

**36. SPECIAL PROGRAM INFORMATION**

Certain FSA programs are, by law, designed to reach targeted applicants. If you are interested in the program described below, or have questions about this program and whether you may qualify for this program, the FSA office processing your application will help you.

**SOCIALLY DISADVANTAGED APPLICANTS:** A portion of FSA farm ownership and operating loan funds are, by law, targeted to applicants who have been subjected to racial, ethnic or gender prejudice because of their identity as a member of a group, without regard to individual qualities. Under the applicable law, groups meeting this condition are: American Indians/Alaskan Natives, Asians, Blacks/African Americans, Native Hawaiians/Other Pacific Islanders, Hispanics, and Woman.

**37. GENERAL INFORMATION**

- A. RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (TITLE XI, 1113(h) OF PUB. L. 95-630):** 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.
- B. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT** prohibits creditors from discriminating against borrowers on the basis of race, color, religion, sex, national origin, marital status, age (provided the borrower has the capacity to enter into a binding contract), because all or a part of the borrower's income derives from any public assistance program, or because the borrower has in good faith exercised any right under the Consumer Credit Protection Act.
- C. FEDERAL COLLECTION POLICIES:** Delinquencies, defaults, foreclosures and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The mortgage lender in this transaction, its agents and assigns as well as the Federal Government, its agencies, agents and assigns, are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgaged loan described in the attached application: (1 ) Report your name and account information to a credit bureau, (2) Assess additional interest and penalty charges for the period of time that payment is not made, (3) Assess charges to cover additional administrative costs incurred by the Government to service your account, (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency or mortgage servicing agency to collect the amount due, foreclose the mortgage, sell the property and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice for litigation; (7) If you are a current or retired Federal employee, take action to offset your salary, or civil service retirement benefits; (8) Refer your debt to the Department of the Treasury for cross-servicing and offset against any amount owed to you by any Federal Agency, such as an income tax refund; and (9) Report any resulting written-off debt to the Internal Revenue Service as taxable income. All of these actions can and will be used to recover debts owed to the Federal Government, when in its best interests.

**38. CERTIFICATION**

- A. ABUSE OF CONTROLLED SUBSTANCES:** I certify that as an individual, or as a member of an entity, I have not been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the previous 5 crop years. See the Food Security Act of 1985 (Pub. L. 99-198). I also certify that as an individual, or as a member of an entity, I am 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.
- B. PERMISSION TO FILE A FINANCING STATEMENT:** Under the Uniform Commercial Code, you do not have to sign the financing statement which allows FSA to obtain a security interest in your property. If the loan is approved and funded, FSA will file a financing statement at the earliest possible date, before you enter into a **SECURITY AGREEMENT. BY SIGNING BELOW I GIVE FSA PERMISSION TO FILE A FINANCING STATEMENT PRIOR TO THE EXECUTION OF THE SECURITY AGREEMENT AS WELL AS TO FILE AMENDMENTS AND CONTINUATIONS OF THE FINANCING STATEMENT THEREAFTER.**
- C. DISQUALIFICATION DUE TO FEDERAL CROP INSURANCE FRAUD:** The applicant certifies that as an individual or any member of the entity, has not been disqualified for Federal benefits as provided in Section 515(h) of the Federal Crop Insurance Act (FCIA). Applicants who willfully and intentionally provide false or inaccurate information to the Federal Crop Insurance Corporation (FCIC) or to an approved insurance provider with respect to a policy or plan of FCIC insurance, after notice and an opportunity for a hearing on the record, will be subject to one or more of the sanctions described in Section 515(h)(3) of FCIA.
- D. RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES:**
  1. The loan applicant certifies that: if any funds, by or on behalf of the loan applicant, have been or will be paid to any persons 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.
  2. 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 disclosure accordingly.
  3. 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 imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty.

**39. WARNING**

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND IS PROVIDED IN GOOD FAITH TO OBTAIN A LOAN. (WARNING: SECTION 1001 OF TITLE 18, UNITED STATES CODE, PROVIDES FOR CRIMINAL PENALTIES TO THOSE WHO PROVIDE FALSE STATEMENTS TO THE GOVERNMENT. IF ANY INFORMATION IS FOUND TO BE FALSE OR INCOMPLETE, SUCH FINDING MAY BE GROUNDS FOR DENIAL OF THE REQUESTED ACTION.)

40A. SIGNATURE	40B. DATE
----------------	-----------

**PART B – PROJECT ADVISOR RECOMMENDATION**

41A. Project Advisor - I agree to sponsor the applicant on this project and provide supervision for the duration of the loan. (Describe how you plan to assist the applicant, such as monthly meetings, financial planning, and management advice.)

41B. NAME

41C. SIGNATURE

41D. TITLE WITHIN ORGANIZATION

41E. ORGANIZATION AFFILIATION

41F. TELEPHONE NUMBER

41G. DATE

**PART C – PARENT/GUARDIAN RECOMMENDATION**

42A. Parent/Guardian - I recommend the applicant and consent to their participation in this project. I will assist and encourage the applicant to successful completion of the project. (Describe how you plan to assist the applicant, such as reviewing the plan, daily supervision, environmental concerns, communications with FSA, and marketing of production.)

42B. NAME

42C. SIGNATURE

42D. DATE

**PART D – FSA USE ONLY**

43A. DATE FORM FSA-2301 RECEIVED

43B. DATE APPLICATION COMPLETE

43C. CREDIT REPORT FEE

43D. DATE RECEIVED

43E. NAME OF AGENCY OFFICIAL

\$

**NOTE:**

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 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 guarantees, and servicing of loans and loan guarantees. 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.**

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.