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| STREAMLINED REQUEST FOR DIRECT OL ASSISTANCE |
| **INSTRUCTIONS FOR PREPARATION** |
| **Purpose:**This form is used to obtain information from applicants applying for Streamlined OL Assistance. |
| **Handbook Reference:**3-FLP, 4-FLP, 5,FLP and 6-FLP | **Number of Copies:**Original only |
| **Signatures Required:**Original by Individual applicant, entity members, or authorized Entity Representative |
| **Distribution of Copies:**County Office Case File |
| **ADPS/DLS/FBP/GLS Related Transactions** **(complete this field only when needed and provide only the information required, i.e. ADPS Transaction 3K):**  DLS |
| ***All applicants complete Parts A, B, and C. FSA completes Part D.******PART A - Applicant******Items 1 – 3 are completed by all applicants.*** |

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1Exact Full Legal Name | Enter the applicant’s exact full legal name and list all current business aliases. |
| 2Mailing Address | Enter applicant’s complete mailing address; not physical address. If operating as an entity, list where incorporated or otherwise registered. |
| 3Contact Info | Enter the applicant’s phones numbers and email address as applicable.  |
| **PART B – GENERAL INFORMATION***Items 1 – are completed by the applicant.* |
| 1Loan Purpose | Select all that apply. Loan Staff will gather specifics during underwriting. |
| 2Loan Amount | Enter the amount of each type of operating loan being requested. |
| **PART C – NOTIFICATIONS, CERTIFICATIONS AND ACKNOWLEDGEMENT*****Items 1 – 6 are completed by all applicants.*** |
| 1Changes to the Operation | Check “**YES**”, if you have made significant changes to the operation since you submitted your last Annual OL. Insert of date of last OL application. If “**YES**”, provide details in Item 7, otherwise check “**NO**”. |
| 2Delinquent on Federal Debt | Check “**YES**”, if you or any member of the entity is delinquent on any federal debt (i.e. “Federal Debt” includes but is not limited to education loans, delinquent taxes, obligations at Natural Resources Conservation Service, obligations to FCIC, etc.). If “**YES**”, provide details in Item 7 otherwise check “**NO**”. |
| 3Pending Litigation | Check “**YES**”, if you or any member of the entity or the entity itself is involved in any pending litigation. If “**YES**”, provide details in Item 7 otherwise check “**NO**”. |
| 4Bankruptcy | Check “**YES**”, if you or any member of the entity has ever been in receivership, been discharged, or filed a petition for reorganization in bankruptcy. If “**YES**”, provide details in Item 7, otherwise check “**NO**”. |
| 5Employee | Check “**YES**”, if you are an employee, related to an employee, or closely associated with an employee of the Farm Service Agency. If not, check “**NO**”. If “**YES**”, provide details in Item 7. |
| 6Change in Annual Income | Check “**YES**”, if there have been any changes to annual income for you or any member of the entity. If “**YES**”, provide details in Item 7, otherwise check “**NO**”. |
| 7Additional Answers | Provide explanations to any “YES” responses for Items 1 – 6. Use additional sheets if necessary. |
| 8 – 15Statements | Read statements and certifications in Items 8 – 15. |
| 16ASignature | Enter the signature of the individual applicant or the authorized entity representatives. For entity members, all members should sign individually in Items 16 - 19.  |
| 16BTitle/Relationship of the Individual Signing | Enter Title and or Relationship of the person signing the application. |
| 16CDate | Enter the date the applicant signed. |
| 17ASignature | Enter the signature of the entity member. For entity members, all members should sign individually in Items 16 - 19.  |
| 17BTitle/Relationship of the Individual Signing | Enter Title and or Relationship of the person signing the application. |
| 17CDate | Enter the date the applicant signed. |
| 18ASignature | Enter the signature of the entity member. For entity members, all members should sign individually in Items 16 - 19.  |
| 18BTitle/Relationship of the Individual Signing | Enter Title and or Relationship of the person signing the application. |
| 18CDate | Enter the date the applicant signed. |
| 19ASignature | Enter the signature of the entity member. For entity members, all members should sign individually in Items 16 - 19.  |
| 19BTitle/Relationship of the Individual Signing | Enter Title and or Relationship of the person signing the application. |
| 19CDate | Enter the date the applicant signed. |
| **PART D – FSA USE ONLY***Items 1 – 5 completed by FSA.* |
| 1Date FormReceived | Enter the date the FSA-2314 received in the Office. |
| 2Date Application Complete | Enter the date the application is considered complete. |
| 3Credit Report Fee | Enter the amount of the credit report fee. |
| 4Date Received | Enter the date the credit report fee is received. |
| 5Agency Official | Enter the name of the Agency Official receiving the application. |