

**INSTRUCTIONS FOR PREPARATION
COSIGNER APPLICATION AND AGREEMENT**

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| Purpose: This form is used to obtain and solicit information it deems necessary from a cosigner to support an FSA application. | |
| Handbook Reference: 1-FLP and 3-FLP | Number of Copies: Original only |
| Signatures Required: Original by cosigner | |
| Distribution of Copies: County Office Case File | |
| Automation-Related Transactions: DLS | |

Cosigner must complete Parts A, B and C. FSA completes Part D.

PART A – Cosigner

Items 1 – 11 are completed by the cosigner.

| Fld Name / Item No. | Instruction |
|-----------------------------|---|
| 1 Exact Full Legal Name | Enter the cosigner’s exact full legal name as shown on a state driver’s license or State ID card. |
| 2 Email Address | Enter the cosigner’s email address. |
| 3 Mailing Address | Enter the cosigner’s complete mailing address. Indicate if the mailing address is different from the cosigner’s physical address. |
| 4A Physical Address | Enter the cosigner’s complete physical address if different from the mailing address. |
| 4B County of Residence | Enter the county where the cosigner’s residence is located. |
| 5 Contact Numbers | Enter the cosigner’s home, cell, or business telephone number, as applicable. Indicate cosigner’s best contact telephone number by selecting “Primary” in the applicable box. |
| 6 Applicant | Enter the name of the applicant for which the cosigner is agreeing to cosign for. |
| 7 Birth Date | Enter the cosigner’s date of birth. |
| 8 Social Security Number | Enter the cosigner’s social security number (9 digit number). |

| Fld Name / Item No. | Instruction |
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| 9 Name and Address of Employer/ Telephone | Enter the name, address and telephone number of the cosigner’s employer, if applicable. |
| 10 Citizenship | Check applicable citizenship status. If non-citizen national, qualified alien, or refugee, as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), 8 U.S.C. 1641, cosigner must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B. |
| 11 Race | Check the appropriate box indicating applicant’s race. More than one box may be checked. Providing applicant’s race is voluntary; however, if applying as a socially disadvantaged applicant based on race, this information is required. |
| 12 Veteran Status | Check the appropriate box indicating applicant’s veteran status. |
| 13 Marital Status | Check the appropriate block depending on whether the applicant is unmarried, separated, or married and applying as an individual applicant. |
| 14 Ethnicity | Check the appropriate box indicating applicant’s ethnicity. Providing applicant’s ethnicity is voluntary; however, if applying as a socially disadvantaged applicant based on ethnicity, this information is required. |
| 15 Gender | Check the appropriate box indicating applicant’s gender. Providing applicant’s gender is voluntary; however, if applying as a socially disadvantaged applicant based on gender, this information is required. |
| 16 For FSA Use Only | Check the appropriate box indicating if information collected was provided or observed. |
| 17 Legal Capacity/ Authority | Check the appropriate box to indicate if the cosigner has the legal capacity, age, mental capacity and authority to enter into a legal binding agreement. |

PART B – Notifications, Certifications and Acknowledgement for the Cosigner

Items 1 – 12 are completed by the cosigner.

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| 1 Business Under Other Name | Check “YES” if you ever conducted business under any other name; otherwise check “NO.” If “YES,” provide the names used in Item 8. |
| 2 Previous FSA or FmHA Loans | Check “YES” if you ever obtained a direct or guaranteed farm loan from FSA or the Farmers Home Administration; otherwise check “NO.” |
| 3 Debt Forgiveness | If Item 2 is “YES,” check “YES” if the government ever forgave any debt through write-down, write-off, compromise, adjustment, reduction, charge-off, paying a loss on a guarantee, or bankruptcy. If “YES,” provide details in Item 8; otherwise check “NO.” |
| 4 Delinquent on | Check “YES” if you are delinquent on any federal debt (i.e. “Federal Debt” includes but is not limited to education loans, delinquent taxes, obligations to Natural |

| Fld Name / Item No. | Instruction |
|-------------------------|---|
| Federal Debt | Resources Conservation Service, obligations to FCIC, etc., or have an outstanding Federal judgement). If "YES," provide details in Item 8; otherwise check "NO." |
| 5 Pending Litigation | Check "YES" if you are involved in any pending litigation. If "YES," provide details in Item 8; otherwise check "NO." |
| 6 Bankruptcy | Check "YES" if you have ever been in receivership, been discharged, or filed a petition for reorganization in bankruptcy. If "YES," provide details in Item 8; otherwise check "NO." |
| 7 Employee Relationship | Check "YES" if you are an employee, related to an employee, or closely associated with an employee of the Farm Service Agency. If "YES," provide details in Item 8; otherwise check "NO." |
| 8 Additional Answers | Provide explanations to any "YES" responses to Items 1 - 7. Use additional sheets if necessary. |
| 9 - 12 Statements | Read statements and certifications in Items 9 - 12. |

PART C – Certification and Cosigner Signatures

Items 1A and 1B are completed by the cosigner.

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| 1A Signature | Enter the signature of the cosigner. |
| 1B Date | Enter the date the cosigner signed. If mailing the form, print the form and manually enter your signature. This form is approved for electronic transmission. If you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office. Electronic submission may only be completed if you are the only person required to sign this form. |

PART D – FSA Use Only

Items 1 – 5 are completed by FSA.