**Exhibit 7**

 **(Par. XXX, XXX)**

**\* -- Instructions for Completing FSA-892, REQUEST FOR AN EXCEPTION TO THE 2017 WHIP PAYMENT LIMITATION FOR $125,000.**

 **A Completing the FSA-892**

A manual FSA-892 is an optional form for all applicants. The applicant completes this form to request an exception to the $125,000 payment limitation. 2017 WHIP payments are subject to $900,000 payment limitation if the applicant can prove 75% of their adjusted gross income (AGI) is derived from farming, ranching, and forestry and a CPA or attorney provides certification of compliance.

**Notes:** This form is:

* only used for WHIP
* not required for general partnerships or joint ventures, but must be completed by each member of a general partnership or joint venture.

Follow this table to complete a FSA-892.

|  |  |
| --- | --- |
| **Item** | **Instructions** |
| 1 | Enter the name and address of the FSA county office or USDA service center where the completed CCC-892 will be submitted. |
| 2 | Enter the person’s or legal entity’s name and address. |
| 3 | In the format provided, enter the complete taxpayer identification number of the individual or legal entity identified in item 2. **This will be either a social security number or taxpayer identification number.** |
| 4 | Select the appropriate check box – 4A if the applicant is requesting a $900,000 payment limit and meets the criteria. Or 4B if the applicant does not want the $900,000 payment limit. |
| 5 | Read the acknowledgements, responsibilities, and authorizations, before affixing your signature. (*Individual or Entity)* |
| 6 | Enter the title or relationship to the legal entity identified in Item 2. |
| 7 | Enter the signature date in month, day and year. |
| 8 | Read the acknowledgements, responsibilities, and authorizations, before affixing your signature. (*CPA or Attorney Only*) |
| 9 | Identify as applicable Certified, Public Accountant (CPA) or Attorney. |
| 10 | Enter applicable State you are licensed to practice in, followed by your associated individual license number. |
| 11 | Enter the signature date in month, day and year. |

 **Exhibit 7**

 **(Par. XXX, XXX)**

 **\*-- Instructions for Completing CCC-891, PAYMENT LIMITATION REQUEST**

 **B Example of the Completed CCC-892**