

**REQUEST FOR DIRECT LOAN ASSISTANCE****INSTRUCTIONS FOR PREPARATION**

<b>Purpose:</b> This form is used to obtain information from applicants applying for FSA services.	
<b>Handbook Reference:</b> 3-FLP, 4-FLP, 5-FLP and 6-FLP	<b>Number of Copies:</b> Original only
<b>Signatures Required:</b> Original by Individual applicant(s), Authorized Entity Representative, and/or all entity members as individuals.	
<b>Distribution of Copies:</b> County Office Case File	
<b>Automation-Related Transactions:</b> DLS	

All loan applicants read and retain the top page of the form.

Individual applicants, not operating as a legal entity, complete Parts A, D, E and F.

Individual applicants operating as a legal entity complete Parts C, D, E and F.

Married couples, only one spouse applying, complete Parts A, D, E, and F.

Married couples applying jointly, not as a legal entity, complete Parts B, D, E, and F.

Joint operations with 2 or more persons, not married and not a legal entity, complete Parts C, D, E, and F.

All Entity Applicants and each individual Entity Member complete Parts C, D, E and F. Part C and Part F may be replicated as necessary to include all associated entities and its members.

FSA completes Part G.

**PART A – Individual Applicant, Not a Legal Entity and Married, Applying as Individual***Items 1 – 15 are completed by all individual applicants.*

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1A Exact Full Legal Name	Enter the applicant's exact full legal name as shown on a state driver's license or State ID card.
2 Email Address	Enter the applicant's email address.
3 Mailing Address	Enter applicant's complete mailing address. Indicate if the mailing address is different from applicant's physical address.
4A Physical Address	Enter applicant's complete physical address if different from mailing address.
4B County of Residence	Enter the county where the residence is located.
5 Contact Telephone Numbers	Enter the applicant's home, cell, and business telephone number, as applicable.  Indicate applicant's best contact telephone number by selecting "Primary" in the applicable box.
6 County of Operation Headquarters	Enter the county where the operation headquarters is located.
7 Date of Birth	Enter applicant's date of birth.
8 Social Security Number	Enter applicant's social security number (9-digit number)
9 Name and Address of Employer	Enter the name, address and telephone number of the applicant'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, applicant must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
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, divorced, separated, legally 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.
<b>PROCEED TO PART D</b>	

**PART B– Married Couples, Applying Jointly, Not a Legal Entity**

*Items 1 – 11 are completed by one spouse. Items 13 – 23 are completed by the other spouse. Items 25 -29 are shared by both parties.*

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 Exact Full Legal Name	Enter the applicant's exact full legal name as shown on a state driver's license or State ID card.
2 Email Address	Enter the applicant's email address.
3 Social Security Number	Enter applicant's social security number (9-digit number).
4 Date of Birth	Enter applicant's date of birth.
5 Contact Telephone Numbers	Enter the applicant's home, cell, and business telephone number, as applicable.  Indicate applicant's best contact telephone number by selecting "Primary" in the applicable box.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
6 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, applicant must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B.
7 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.
8 Name and Address of Employer	Enter the name, address and telephone number of the applicant's employer, if applicable.
9 Veteran Status	Check the appropriate box indicating applicant's veteran status.
10 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.
11 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.
12 Exact Full Legal Name	Enter the applicant's exact full legal name as shown on a state driver's license or State ID card.
13 Email Address	Enter the applicant's email address.
14 Social Security Number	Enter applicant's social security number (9-digit number)
15 Date of Birth	Enter applicant's date of birth.
16 Contact Telephone Numbers	Enter the applicant's home, cell, and business telephone number, as applicable.  Indicate applicant's best contact telephone number by selecting "Primary" in the applicable box.
17	Check applicable citizenship status. If non-citizen national, qualified

<b>Fld Name / Item No.</b>	<b>Instruction</b>
Citizenship	alien, or refugee, as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), 8 U.S.C. 1641, applicant must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B.
18 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.
19 Name and Address of Employer	Enter the name, address and telephone number of the applicant's employer, if applicable.
20 Veteran Status	Check the appropriate box indicating applicant's veteran status.
21 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.
22 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.
23 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.
24 Mailing Address	Enter applicant's complete mailing address. Indicate if the mailing address is different from applicant's physical address.
25 Physical Address	Enter applicant's complete physical address if different from mailing address.
26 County of Operation Headquarters	Enter the county where the operation headquarters is located.
27 County of	Enter the county where the residence is located.

Fld Name / Item No.	Instruction
Residence	
<b>PROCEED TO PART D</b>	

**PART C– Entity Applicants**

*The applicant must be the name of the Operating Entity.*

*The Operating Entity must complete Items 1 – 13.*

*All embedded entities within the Operating Entity also must complete Items 1 – 13.*

*All entity members must provide individual information in Items 14 - 28.*

*In the case of informal Joint Operations who are operating without a formal written agreement and where no formal tax ID number has been assigned by a taxing authority, the persons requesting loan assistance are to designate which tax identification number will be used as the primary to assign the case number; that number will be entered into Item 4. The remaining Items 1 – 13 will be completed, as applicable. All individual joint operation members will complete items 14-28.*

*Pages 3 and 4 of the FSA 2001 loan application may be reproduced as necessary.*

Fld Name / Item No.	Instruction
1 Full Entity or Trust Name	Enter the entity applicant’s exact full legal name as shown on Articles of Incorporation, partnership agreement, as filed with the Secretary of State, etc. In the case of informal joint operations, if the operation is farming under an “assumed” name, please enter the name under which the joint operation farms; otherwise, leave blank.
2 Entity Address	Enter the entity applicant’s mailing address.
3 Entity Type	Check the appropriate box indicating the entity type or enter the correct entity type in “Other” if the entity type is not listed.
4 Entity Contact Number	Enter the telephone number which best fits the entity, entity representative, or authorized entity official for contact purposes.
5 State of Registration/	Enter the State where the entity is registered or incorporated.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
Corporation	
6 Registration ID Number	Enter the entity's registration number.
7 Date of Formation	Enter date entity was formally registered or formed.
8 Tax Identification Number	Enter the entity's tax identification number (9-digit number).
9 County of Operation Headquarters	Enter the county in which the entity maintains its base of operations.
10 Embedded Entity Identifier	If the Operating Entity has 1 or more embedded entities within its composition, check "YES" and completed Items 11 – 13. Otherwise, check "NO" and proceed to completing Items 14-28B.
11 List All Embedded Entities	If the answer to Item 10 is "YES", enter the names of all embedded entities comprised within the Operating Entity applicant.
12 Percentage of Interest	For the Operating Entity applicant, enter the percentage of interest the Operating Entity holds in the farming operation.  For embedded entities within the Operating Entity, enter the percentage of interest each embedded entity holds.
13 Number of Entity Members	Enter the number of individual Operating Entity members.  For embedded entities within the Operating Entity, enter the number of individual entity members within each embedded entity.
14 Exact Full Legal Name of Entity Member	Enter entity member's exact full legal name as shown on a state driver's license or State ID card.
15 Percentage of Interest	Enter individual entity member's ownership interest in the Operating Entity or embedded entity.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
16 Email Address	Enter individual entity member's email address.
17 Social Security Number	Enter the individual entity member's tax identification number (9-digit number).
18 Date of Birth	Enter individual entity member's date of birth.
19 Contact Telephone Numbers	Enter the individual entity member's home, cell, and business telephone number, as applicable. Indicate best contact telephone number by selecting "Primary" in the applicable box.
20 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, applicant must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B.
21 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.
22 Name and Address of Employer	Enter the name, address and telephone number of the applicant's employer, if applicable.
23 Veteran Status	Check the appropriate box indicating applicant's veteran status.
24 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.
25 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.
26 Mailing Address	Enter entity member's complete mailing address. Indicate if the mailing address is different from entity member's physical address.
27A Physical	Enter individual entity member's complete physical address if different from mailing address.



<b>Fld Name / Item No.</b>	<b>Instruction</b>
Address	
27B County of Residence	Enter the county where the entity member's residence is located.
<b>PROCEED TO PART D</b>	

**PART D – General Information**

*Items 1 – 6 are completed by all applicants.*

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 Counties Being Farmed	Enter the names of the counties which are being farmed by the operation.
2 Acres Owned	Enter the number of acres that the individual/entity owns.
3 Acres Rented	Enter the number of acres that the individual/entity rents.
4A Purpose of Loan	Enter the purpose the loan funds will be used for the first loan requested.
4B Amount Requested	Enter the amount of loan funds for the first loan requested.
5A Purpose of Loan	Enter the purpose the loan funds will be used for the second loan requested.
5B Amount Requested	Enter the amount of loan funds for the second loan requested.
6 Description of Operation	Enter a description of the operation.

**PART E – Notifications, Certification and Acknowledgement**

*Items 1 – 18B are completed by all applicants.*

Fld Name / Item No.	Instruction
1 Business Under Other Name	Check "YES" if you or any member of the entity ever conducted business under any other name, otherwise check "NO". If "YES" provide names used in Item 9.
2 Previous FSA or FmHA Loans	Check "YES" if you or any member of the entity ever obtained a direct or guaranteed farm loan from FSA or the Farmers Home Administration; if not check "NO".
3 Debt Forgiveness	If Item 2 is "YES", check "YES" if the government ever forgave any debt through a write-down, write-off, compromise, adjustment, reduction, charge-off, paying a loss on a guarantee, or bankruptcy. If "YES", provide details in Item 9; otherwise check "NO".
4 Delinquent 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 9, otherwise check "NO".
5 Pending 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 9, otherwise check "NO".
6 Bankruptcy	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 9, 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 not, check "NO." If "YES" provide details in Item 9.
8 Farming Experience	Check "YES" if you are currently farming, or have in the past. If "YES" provide the number of years and a brief explanation of your experience in Item 9.
9 Additional Answers	Provide explanations to any "YES" responses for Items 1 – 8. Use additional sheets as necessary.
10 – 16 Statements	Read statements and certifications in Items 10 – 16.

### **PART F – Certifications and Signatures**

***All individual applicants and entity members should read and understand that by signing the FSA 2001 loan application, they become jointly and individually responsible for the information provided within the loan application, and are certifying***

*that the Notifications provided in Part E have been read and understood by all parties signing the FSA 2001.*

*This page may be reproduced as necessary if additional signatures are required.*

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1A - 6A Signature of Applicant, Spouse or Entity Member	Enter the signature of each individual applicant, entity member, or authorized entity representative.
1B - 6B Capacity	Enter a check in the box to indicate in what position the applicant is signing. Entity members will select "self" when signing as individuals. Only the Authorized Entity Representative listed in official corporate or entity documents will check the box marked "Entity Representative." The Authorized Entity Representative also must sign as "Self."
1C - 6C Date Signed	Enter the date the applicant signs.

**PART G – FSA Use Only**

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 Date Received	Enter the date FSA-2001 Received in Service Center.
2 Date Application Received	Enter the date the application is considered complete.
3A Credit Report Fee	Enter the credit report fee and the date it is received in the Service Center.
3B Date Credit Report Fee Received	Enter the date applicant paid credit report fee.
4 Type of Assistance	Enter a check in the check box to indicate the type of assistance requested. If not listed, specify in the Other space provided.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
5 Agency Official	Enter the name of the Agency Official receiving the application.