

FSA-2001

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

REQUEST FOR DIRECT LOAN ASSISTANCE

FSA suggests applicants use the available corresponding instructions for the proper completion of this form. Assistance is also available from your local FSA office for any part of the application process. FSA can provide assistance in completing requested forms, explain what information is necessary, and answer any questions regarding the application process.

Farm Loan Teams located at FSA County Offices are responsible for all direct 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 www.farmers.gov/service-center-locator.

Race, ethnicity, and gender information is requested by the Federal Government to monitor FSA's compliance with Federal laws prohibiting discrimination against applicants. Applicants are not required to furnish this information but are encouraged to do so. Failure to provide this information may result in not receiving targeted funds for which the applicant may be eligible. One or more boxes may be selected for race. This information will not be used to evaluate the application.

IMPORTANT NOTICE

Within 7 calendar days of the date FSA receives your application, FSA will send you a letter that will tell you if your application is complete, or additional information is needed to complete your loan application. Incomplete applications cannot be processed. If you do not receive this letter within 7 days of the submission of your application, please contact your local FSA office.

APPLICANT IDENTIFICATION

The loan application must be submitted in the name of the **ACTUAL OPERATOR** of the farm or ranch. This information is entered by all applicants in "Part A – Primary Applicant/Farm Operator."

Once you have identified the farm operator, proper guidance for completing this form can be found in the table under Part A on Page 1.

LOAN INFORMATION

The Farm Service Agency offers loans to help farmers and ranchers get the financing they need to start, expand, or maintain a family farm. You are encouraged to reach out to your local FSA County Office Farm Loan Team and discuss all the possible financing options available to you. FSA also publishes Fact Sheets outlining available Farm Loan Programs. They contain detailed information about loan limits, eligibility, and the terms of each loan type. They are available for viewing on-line at <https://www.fsa.usda.gov/news-room/fact-sheets/index>.

This application will allow submission for MOST loan types. Page 12 contains a checklist of the additional items needed for a complete application. A brief description of the loan types can be found below:

FARM OWNERSHIP LOANS - Can be used to: Purchase a farm; Enlarge or Improve an existing one; Construct new farm buildings; Improve existing farm buildings; Pay closing costs; and Implement soil and water conservation and protection practices. These have an aggregate limit of \$600,000 per borrower.

FARM OPERATING LOANS - Can be used for: Initial start-up expenses; Annual input costs; Family living expenses; Purchase of equipment, livestock, and other materials essential to farm operations; Minor farm improvements such as wells and coolers; Hoop houses; Essential tools; Irrigation; and Delivery vehicles. These have an aggregate limit of \$400,000 per borrower.

MICROLOANS - These are FSA's smallest loans and represent aggregate balances under \$50,000 per loan type, per borrower. Consistent with a lower loan amount, this loan type requires less documentation and is a simplified process. Microloans can be made for either Farm Ownership purposes or Operating purposes.

EMERGENCY LOANS - These loans are to help producers recover from production and physical losses due to drought, flooding, other natural disasters, or quarantine. Emergency (EM) loans may be used to: Restore or replace essential property; Pay all or part of production costs associated with the disaster year; Pay essential family living expenses; Reorganize the farming operation; and Refinance certain debts. These have an aggregate limit of \$500,000 per borrower.

LOAN SERVICING APPLICANTS ONLY

This application is used by distressed or delinquent Farm Loan borrowers to request Primary Loan Servicing. It is also used by existing borrowers and potential new customers to request a Transfer and Assumption servicing action.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

FSA-2001

U.S. DEPARTMENT OF AGRICULTURE
 Farm Service Agency

Position 3

REQUEST FOR DIRECT LOAN ASSISTANCE

Instructions: FSA loan requests are to be submitted in the name of the OPERATOR of the farm.

PART A - PRIMARY APPLICANT / FARM OPERATOR

1. Exact Full Legal Name			
2A. Address Line 1		3A. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
2B. Address Line 2		3B. Alternative Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
2C. City	2D. State	2E. Zip	4. Email Address
5. Select applicant type from the table below and follow applicable instructions for completing the application:			
Operating as a(n):		Complete:	
<input type="checkbox"/> Individual		PARTS B, E, F, G, H, I, J, L	
<input type="checkbox"/> Informal Entity (<i>two or more persons applying jointly, including married persons</i>)		PARTS B, D, E, F, G, H, I, J, L	
<input type="checkbox"/> Legal Entity		PARTS C, D, E, F, G, H, I, J, L	
6. I am an existing customer and my information has not changed. (<i>Check Box if "YES" and skip Parts B, C, and D</i>) <input type="checkbox"/>			

PART B - PRIMARY APPLICANT INFORMATION

1. Social Security Number (<i>9 Digits</i>)		2. Birth Date (<i>MM-DD-YYYY</i>)		3. County of Operation Headquarters	
4. Military Veteran Status <input type="checkbox"/> Yes, I am a military veteran <input type="checkbox"/> No, I am not a military veteran		5. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Married, Applying as Individual		6. Applicant is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen National* <input type="checkbox"/> Resident Alien* <input type="checkbox"/> Refugee or Other* <small>*NOTE: Applicant will be asked to provide I-551 and/or other proper documentation of immigration status as found under PRWORA (8 U.S.C. 1641).</small>	
7. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share		8. Race (<i>More than one box may be selected</i>) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> I prefer not to share		9. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share	

PART C - ENTITY APPLICANT INFORMATION

NOTE: Individual liability will be required regardless of entity type. By signing in Part J you certify that you have read and understand the statements and certifications on Pages 9 through 10.

1. Entity Type <input type="checkbox"/> Cooperative <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Formal Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Life Estate <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Other (<i>Specify</i>): _____		2. State of Registration		3. Registration Number	
4. Tax Identification Number (<i>9 Digits</i>)					
5. Exact Full Legal Name of Primary Entity Contact					
6. Does the Entity Contain an Embedded Entity? <input type="checkbox"/> YES, (<i>Complete Items 7, 8, & 9 for each entity</i>) <input type="checkbox"/> NO, (<i>Proceed to Part D</i>)					
7. List all Embedded Entities		8. Percentage of Interest (%)		9. Number of Entity Members	

Initials: _____ Date: _____

PART D - OTHER MEMBER INFORMATION

Instructions: If not already provided above, entity members (or spouses) will complete Items 1 through 12. Items 13 through 15 are voluntary. Signature and Date block on Page 10 must be completed for all entity members. **Duplicate this page as needed to include each entity member.**

ADDITIONAL MEMBER INFORMATION

NOTE: Individual liability will be required regardless of the entity type. By signing on Page 10 you certify that you have read and understand the statements and certifications on Pages 3, 9 and 10.

1. Exact Full Legal Name of Entity Member			2. Social Security Number (9 Digits)		3. Birth Date (MM-DD-YYYY)	
4A. Street Address			5. Phone (Include Area Code)		6. Percentage of Ownership	
4B. City		4C. State	4D. Zip	7. Email Address		
8. Occupation/Employment					9. Annual Non-Farm Income (\$)	
10. Military Veteran Status <input type="checkbox"/> Yes, I am a military veteran <input type="checkbox"/> No, I am not a military veteran		11. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Married, Applying as Individual		12. Applicant is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen National* <input type="checkbox"/> Resident Alien* <input type="checkbox"/> Refugee or Other* <small>*NOTE: Applicant will be asked to provide I-551 and/or other proper documentation of immigration status as found under PRWORA (8 U.S.C. 1641).</small>		
13. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share		14. Race (More than one box may be selected.) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> I prefer not to share		15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share		

ADDITIONAL MEMBER INFORMATION

NOTE: Individual liability will be required regardless of the entity type. By signing on Page 10 you certify that you have read and understand the statements and certifications on Pages 3, 9, and 10.

1. Exact Full Legal Name of Entity Member			2. Social Security Number (9 Digits)		3. Birth Date (MM-DD-YYYY)	
4A. Street Address			5. Phone Number (Include Area Code)		6. Percentage of Ownership	
4B. City		4C. State	4D. Zip	7. Email Address		
8. Occupation/Employment					9. Annual Non-Farm Income (\$)	
10. Military Veteran Status <input type="checkbox"/> Yes, I am a military veteran <input type="checkbox"/> No, I am not a military veteran		11. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Married, Applying as Individual		12. Applicant is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Citizen National* <input type="checkbox"/> Resident Alien* <input type="checkbox"/> Refugee or Other* <small>*NOTE: Applicant will be asked to provide I-551 and/or other proper documentation of immigration status as found under PRWORA (8 U.S.C. 1641).</small>		
13. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share		14. Race (More than one box may be selected.) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> I prefer not to share		15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share		

Initials: _____ Date: _____

PART E - LOAN REQUEST

1. Select the type of request you are making: New Loan Request Loan Servicing Request Transfer & Assumption

1A. Request 1 of	1B. Use of Loan Proceeds:	1C. \$ Amount Requested
2A. Request 2 of	2B. Use of Loan Proceeds:	2C. \$ Amount Requested
3A. Request 3 of	3B. Use of Loan Proceeds:	3C. \$ Amount Requested

PART F - TRAINING, EDUCATION, AND EXPERIENCE

1. I have the following training, education, and/or experience (Check all that apply):

<input type="checkbox"/> Operator of a farm or ranch; enter year started: _____ <input type="checkbox"/> FSA Youth Loan participant <input type="checkbox"/> Participated in 4-H or FFA <input type="checkbox"/> Grew up on a farm or ranch <input type="checkbox"/> 4-year degree in an agriculture related field <input type="checkbox"/> 2-year degree in an agriculture related field <input type="checkbox"/> Completed Beginning Farmers & Ranchers Development Program <input type="checkbox"/> Agricultural related Community Based Organizations <input type="checkbox"/> Agricultural related Tribal Youth Organizations <input type="checkbox"/> Employed as a farm manager <input type="checkbox"/> Employed as a farm management consultant <input type="checkbox"/> Employed in an other agricultural related field <input type="checkbox"/> Successful completion of farm management curriculum offered by the Cooperative Extension Service, a community college, adult vocational agriculture program, or land grant university	<input type="checkbox"/> Successfully completed a community-based, nationally based, non-profit, or similar farm workshop program <input type="checkbox"/> Raised on a farm and held significant responsibility for day-to-day management decisions for at least 1 entire production and marketing cycle <input type="checkbox"/> Agricultural related apprenticeship <input type="checkbox"/> Agricultural related mentorship <input type="checkbox"/> Non-farm business or management experience <input type="checkbox"/> Been honorably discharged from the armed forces of the United States <input type="checkbox"/> Participated in Service Corps of Retired Executives (SCORE) Program <input type="checkbox"/> Other (Describe below): <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div>
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2. Explanation, if needed:

PART G - CERTIFICATION & ELIGIBILITY

	YES	NO
1. Are you currently or have you ever, and in the case of an entity any member of the entity, conducted business under any other name? <i>If "YES", list names in Item 8.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever, or in the case of an entity any member of the entity, obtained a direct or guaranteed farm loan from FSA or Farmers Administration?	<input type="checkbox"/>	<input type="checkbox"/>
3. If Item 2 is "YES", did you receive any debt forgiveness through write-down, write-off, compromise, adjustment, reduction, charge-off, paying a loss on a guarantee, or bankruptcy? <i>If "YES", provide details in Item 8.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you, or in the case of an entity any member of the entity, delinquent on any Federal debt or have any outstanding Federal judgments? <i>If "YES", provide details in Item 8.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you, or in the case of an entity any member of the entity, involved in any pending litigation? <i>If "YES", provide details in Item 8.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you, or in the case of an entity any member of the entity, ever been in receivership, discharged in bankruptcy, or filed a petition for reorganization in bankruptcy? <i>If "YES", provide details in Item 8.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you, or in the case of an entity any member of the entity, an FSA employee or related to or closely associated with an FSA employee? <i>If "YES", provide details in Item 8.</i>	<input type="checkbox"/>	<input type="checkbox"/>

8. Additional Information. Write the Item number to which each answer applies. If you need additional space, use sheets of paper the same size as this page and write the applicant's name on each additional sheet.

Initials: _____ Date: _____

PART H - BALANCE SHEET (Summary of Schedules)

NOTE: PART MAY BE SUBSTITUTED. Applicant may submit alternative documents (<90 days old) that provide the information collected on this part.

Check here if you are submitting alternative documents and proceed to Part I.

Balance Sheet of: _____ As of: _____

FARM			
1A. Current Farm Assets		\$ Market Value	1B. Current Farm Liabilities
Cash & Equivalents (Sch. A)			Accounts Payable (Sch. AA)
Marketable Bonds & Securities			Income Taxes Payable
Accounts Receivable (Sch. B)			Real Estate Taxes Payable
Crop Inventory (Sch. C)			Notes Payable (12 months or less) (Sch. BB)
Growing Crops (Sch. D)			Total Annual Payments of Int. Notes Payable (Sch. CC)
Market Livestock & Poultry (Sch. E)			Total Annual Pymts of L. Term Notes Payable (Sch. DD)
Livestock Products (Sch. F)			
Prepaid Expenses & Supplies (Sch. G)			
Other (Specify): _____			
TOTAL CURRENT FARM ASSETS:			TOTAL CURRENT FARM LIABILITIES:
1C. Intermediate Farm Assets		\$ Market Value	1D. Intermediate Farm Liabilities
Machinery & Equipment (Sch. H)			Debts due in over 1 year but less than 7 (Sch. CC)
Farm Vehicles (Sch. I)			
Breeding Stock (Sch. J)			
Notes Receivable (Sch. K)			
Not Readily Marketable Bonds and Securities			
Other (Specify): _____			
TOTAL INTERMEDIATE FARM ASSETS:			TOTAL INTERMEDIATE FARM LIABILITIES:
1E. Long-term Farm Assets		\$ Market Value	1F. Long-term Farm Liabilities
Buildings & Improvements (Sch. L)			Debts due over 7 years (Sch. DD)
Real Estate - Land (Sch. M)			
Other (Specify): _____			
TOTAL LONG-TERM FARM ASSETS:			TOTAL LONG-TERM FARM LIABILITIES:
PERSONAL			
2A. Current Personal Assets		\$ Market Value	2B. Current Personal Liabilities
Cash & Equivalents (Sch. N)			Notes Payable (12 months or less) (Sch. EE)
Marketable Bonds & Securities			Credit Card Debt (Sch. FF)
Cash Value Life Insurance (NOT FACE VALUE)			
Other (Specify): _____			
TOTAL CURRENT PERSONAL ASSETS:			TOTAL CURRENT PERSONAL LIABILITIES:
2C. Intermediate Personal Assets		\$ Market Value	2D. Intermediate Personal Liabilities
Household Goods			
Car, Recreational Vehicles, etc. (Sch. O)			
Other (Specify): _____			
TOTAL INTERMEDIATE PERSONAL ASSETS:			
2E. Long-term Personal Assets		\$ Market Value	2F. Long-term Personal Liabilities
Retirement Accounts (Sch. P)			Debts due over 1 year (Sch. GG)
Non-farm Business			
Non-farm Real Estate (Sch. Q)			
Other (Specify): _____			
TOTAL LONG-TERM PERSONAL ASSETS:			TOTAL LONG-TERM PERSONAL LIABILITIES:
3A. GRAND TOTAL ASSETS (\$):			3B. GRAND TOTAL LIABILITIES (\$):
3C. TOTAL NET EQUITY: (\$ Grand Total Assets - \$ Grand Total Liabilities)			

FARM ASSETS SCHEDULES (Attach additional pages if necessary)

4A. SCHEDULE A - CASH & EQUIVALENTS		\$ Market Value
Cash on Hand		
Checking		
Savings		

4B. SCHEDULE B - ACCOUNTS RECEIVABLE		\$ Market Value

4C. SCHEDULE C - CROP INVENTORY				
Type	Measure	# Units	\$/Unit	\$ Market Value

4D. SCHEDULE D - GROWING CROPS				
Type	# Acres	\$/Acre	\$ Market Value	

4E. SCHEDULE E - MARKET LIVESTOCK & POULTRY				
Type	# Head	Weight	\$/Unit	\$ Market Value

4F. SCHEDULE F - LIVESTOCK PRODUCTS				
Type	Measure	# Units	\$/Unit	\$ Market Value

4G. SCHEDULE G - PREPAID EXPENSES & SUPPLIES		\$ Market Value

PERSONAL ASSETS SCHEDULES (Attach additional pages if necessary)

4N. SCHEDULE N - CASH & EQUIVALENTS		\$ Market Value
Cash on Hand		
Checking		
Savings		

4O. SCHEDULE O - CAR, RECREATIONAL VEHICLES, ETC.				
Type	Make	Model	Year	\$ Market Value

4H. SCHEDULE H - MACHINERY & EQUIPMENT				
Type	Make	Model	Year	\$ Market Value

4I. SCHEDULE I - FARM VEHICLES				
Type	Make	Model	Year	\$ Market Value

4J. SCHEDULE J - BREEDING STOCK				
Type	Raised/Purch	# Units	\$/Unit	\$ Market Value

4K. SCHEDULE K - NOTES RECEIVABLE		\$ Market Value

4L. SCHEDULE L - BUILDING & IMPROVEMENTS		\$ Market Value

4M. SCHEDULE M - FARM REAL ESTATE- LAND				
Farm Name	Total Acres	% Owned	\$/Acre	\$ Market Value

4P. SCHEDULE P - RETIREMENT ACCOUNTS		
Account Owner	Type of Account	\$ Market Value

4Q. SCHEDULE Q - NON-FARM REAL ESTATE			
Type	# Acres	\$/Acre	\$ Market Value

FARM LIABILITIES SCHEDULES

5A. SCHEDULE AA - FARM ACCOUNTS PAYABLE	\$ Owed	FARM ACCOUNTS PAYABLE (Con't)	\$ Owed

5B. SCHEDULE BB - FARM NOTES PAYABLE (12 months or less)

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL FARM NOTES PAYABLE:							

5C. SCHEDULE CC - FARM INTERMEDIATE DEBTS PAYABLE (Between 1-7 years)

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL FARM INTERMEDIATE DEBTS PAYABLE:							

5D. SCHEDULE DD - FARM LONG-TERM DEBTS PAYABLE (Over 7 years)

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL FARM LONG-TERM DEBTS PAYABLE:							

PERSONAL LIABILITIES SCHEDULES

6A. SCHEDULE EE - PERSONAL NOTES PAYABLE (12 months or less)

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL PERSONAL NOTES PAYABLE:							

6B. SCHEDULE FF - CREDIT CARDS

Creditor	\$ Monthly Payment Amount	Current Balance	Check if PIF w/in 12 mos
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
TOTAL CREDIT CARDS:			

6C. SCHEDULE GG - PERSONAL TERM DEBTS PAYABLE (Over 12 months)

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL PERSONAL TERM DEBTS PAYABLE:							

PART I - CASH FLOW PROJECTION

NOTE: PART MAY BE SUBSTITUTED. Applicant may submit alternative documents (<90 days old) that provide the information collected on this part.

Check here if you are submitting alternative documents and proceed to Part J.

Production Cycle: Start Date _____ End Date _____

OPERATING PLAN - PRODUCTION/INCOME

1A. CROP PRODUCTION

Type/Description	Unit/Measure	# Acres	Yield	Farm Use, if any	% Share	\$ Per Unit	\$ Total

1B. LIVESTOCK & POULTRY - RAISED

Description	# Units	Type	Sales Weight	\$ Per Lb/Unit	\$ Total

1C. LIVESTOCK & POULTRY - PURCHASED

Description	# Units	Purchase Weight	\$ Purchase	Sales Weight	\$ Per Lb/Unit	\$ Total

1D. DAIRY LIVESTOCK

Description	Breed	# Head	Purch. or Raised	Purchase Weight	\$ Purchase	Sales Weight	\$ Per Lb/Unit	\$ Total

1E. MILK PRODUCTION

Description	Breed	# Head	Production/Head	\$ Per Unit	\$ Total

1F. LIVESTOCK PRODUCT SALES

Description	Production	Measure	# Units	\$ Per Unit	\$ Total

1G. OTHER FARM INCOME

Income Type	Description	\$ Total
Custom Hire Income		
Other (Specify)		

1H. NON-FARM INCOME

Income Type	Description	\$ Total
Personal Income		
Business Income		
Other (Specify)		

1I. GRAND TOTAL INCOME (\$):	
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OPERATING PLAN - EXPENSES

2A. EXPENSES

Expense Type	\$ Amount	Expense Type	\$ Amount
Car & Truck		Rent - Machine / Equip. / Vehicle (<i>Total from 2B(1)</i>)	
Chemicals		Rent - Land / Animals (<i>Total from 2B(2)</i>)	
Conservation		Repairs & Maintenance	
Custom Hire		Seeds & Plants	
Feed - Supplement		Storage & Warehousing	
Feed - Grain & Roughage		Supplies	
Fertilizer & Lime		Taxes - Real Estate	
Freight & Trucking		Utilities	
Gas / Fuel / Oil		Vet / Breeding / Medicine	
Insurance		Other Expenses	
Labor Hired		Other Expenses - Irrigation	

2B. SCHEDULED ITEMS

2B(1). Rent - Machine / Equipment / Vehicle

Owner/Dealer	Description	# Units	\$ Amount Paid
TOTAL RENT - MACHINE / EQUIPMENT / VEHICLE			<i>(Enter this amount in 2A):</i>

2B(2). Rent - Land / Animals (*Or attach FSA Producer Farm Data Reports*)

Owner	County/State	Section/TWP	Farm No.	Total Acres	Crop Acres	% Share	\$/Acre	\$ Total Paid
TOTAL RENT - LAND / ANIMALS								<i>(Enter this amount in 2A):</i>

2C. OTHER EXPENSES

2C(1). Total Household Operating Expenses (*Ex. Utilities, phone, entertainment, groceries, etc*):

2C(2). List any planned Capital Purchases this operating year:

Type of Capital Purchase	\$ Amount

2D. GRAND TOTAL EXPENSES (\$):

3. NET INCOME/LOSS (\$ PRIOR TO DEBT REPAYMENT):

(\$ Total Income - \$ Total Expenses)

PART J - NOTIFICATIONS, DISCLOSURES & ACKNOWLEDGEMENT**1. SPECIAL PROGRAM INFORMATION:**

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

- A. SOCIALLY DISADVANTAGED APPLICANTS:** A portion of FSA farm ownership, operating, and conservation 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 or African Americans, Native Hawaiians/Other Pacific Islanders, Hispanics and women. In addition, FSA has a down payment program, which receives special funding.
- B. BEGINNING FARMER ASSISTANCE:** FSA has the authority to assist beginning farmers through the farm ownership, operating, and conservation loan programs. A portion of FSA farm ownership, operating, and conservation loan funds are, by law, targeted to beginning farmers. In addition, FSA has a down payment program, which receives special funding. In some states, FSA has agreements with State beginning farmer programs to help meet the credit needs of beginning farmers.
- C. LIMITED RESOURCE LOANS:** Limited resource farm ownership and operating loans are available to qualified applicants. This program provides loans at reduced interest rates to low-income farmers whose operations and resources are so limited that they cannot pay the regular rates for FSA loans. The program is also intended to provide beginning farmers the opportunity to start a successful farming operation.

2. RIGHTS AND POLICIES:

- A. RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (Public Law 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 applicants on the basis of race, color, religion, sex, national origin, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant 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.

3. RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES:**A. The applicant:**

- (1) Certifies that if any funds, by or on behalf of the applicant, have been or will be paid to any person 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 applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (2) 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 disclose accordingly.

- B. 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. Any person who fails to file the required statement shall be subject to a civil penalty imposed by 31 U.S.C. 1352.**

Initials: _____ Date: _____

4. CONTROLLED SUBSTANCES:

The applicant certifies that as an individual, or any member of an entity applicant, has 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 (Public Law 99-198). The applicant also certifies that as an individual, or any member of an entity applicant, is 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.

5. 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.

6. TEST FOR CREDIT:

The applicant, and all entity members in the case of an entity, certifies that they are unable to obtain sufficient credit elsewhere to finance actual needs at reasonable rates and terms.

7. LOAN SERVICING:

By checking the box for Loan Servicing in Part E, applicant certifies that they wish to apply for all servicing programs available.

8. PERMISSION TO FILE FINANCING STATEMENT, ORDER A CREDIT REPORT, AND VERIFY CREDIT INFORMATION:

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. I FURTHER AUTHORIZE FSA TO ORDER A CREDIT REPORT AND VERIFY ANY OTHER CREDIT INFORMATION. I ALSO UNDERSTAND THAT FINANCIAL RECORDS INVOLVING THE LOAN AND LOAN APPLICATION WILL BE AVAILABLE TO FSA WITHOUT FURTHER NOTICE OR AUTHORIZATION, BUT WILL NOT BE DISCLOSED OR RELEASED BY FSA TO ANOTHER GOVERNMENT AGENCY OR DEPARTMENT OR USED FOR ANOTHER PURPOSE WITHOUT MY CONSENT EXCEPT AS REQUIRED OR PERMITTED BY LAW.**

9. CERTIFICATION:

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).

9A. Signature	9B. Printed Name	9C. Date (MM-DD-YYYY)
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9D. Capacity: Self Entity Representative

9E. Signature	9F. Printed Name	9G. Date (MM-DD-YYYY)
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9H. Capacity: Self Entity Representative

9I. Signature	9J. Printed Name	9K. Date (MM-DD-YYYY)
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9L. Capacity: Self Entity Representative

PART K - FSA USE ONLY

1. Date FSA-2001 Received (MM-DD-YYYY)	2. Date Application Complete (MM-DD-YYYY)	3A. Amount of Credit Report Fee Received (\$)	3B. Date Credit Report Fee Received (MM-DD-YYYY)
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4. Type(s) of Assistance Requested (Mark all that apply): <input type="checkbox"/> FO-Part. <input type="checkbox"/> OL-A <input type="checkbox"/> EM <input type="checkbox"/> LR <input type="checkbox"/> Microloan <input type="checkbox"/> FO-DP <input type="checkbox"/> OL-T <input type="checkbox"/> CL <input type="checkbox"/> Loan Servicing <input type="checkbox"/> FO-Reg. <input type="checkbox"/> Other (specify): _____	5. Type of Applicant (Select all that apply): <input type="checkbox"/> BF <input type="checkbox"/> SDA - Gender <input type="checkbox"/> NBF <input type="checkbox"/> SDA - Ethnic
6. Name of Agency Official Receiving Application	

7. Name of Participating Lender, if applicable:

NOTE: The following is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), 7 CFR Part 761, and 7 CFR Part 764. The information will be used to determine applicant or entity eligibility for microloan assistance. 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 determination of applicant or entity ineligibility for microloan assistance.

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 90 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, audiotope, 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 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. USDA is an equal opportunity provider, employer, and lender.

PART L - SUPPORTING INFORMATION

Instructions: The items below are required for a completed application. NOTE: In addition to these items FSA may request further documentation deemed necessary by the loan official for effective evaluation of your loan request(s).

SUBMISSION REQUIREMENTS

<input type="checkbox"/>	Most recent 3 years of Financial Records (<i>I.E. Tax Returns including all forms/schedules or similar</i>) Microloans ONLY: ONE year required
<input type="checkbox"/>	Most recent 3 years of Production Records (<i>Crop insurance APH, livestock production numbers or similar</i>) Microloans ONLY: ONE year required
<input type="checkbox"/>	Two most recent pay stubs/applicant (<i>Or other proof of non-farm income</i>) Microloans ONLY: if relied upon for repayment
<input type="checkbox"/>	Verification of all debts over \$5,000 (<i>NOT appearing on a credit report</i>) - NOT applicable to Microloans
<input type="checkbox"/>	Credit Report Fee (<i>\$16/individual, \$24.50/married couple, & \$50/entity</i>)
<input type="checkbox"/>	AD-1026 (<i>Must be on file and up to date with FSA office</i>)
<input type="checkbox"/>	Non-applicant Spouse ONLY: Verification of non-farm income/assets, if relied upon for repayment
<input type="checkbox"/>	Farm Ownership Loans ONLY: Signed Sales Agreement
<input type="checkbox"/>	Farm Ownership Loans ONLY: Full Legal Description of the property being purchased (<i>And any other agreements regarding the property</i>)
<input type="checkbox"/>	Emergency Loans ONLY: Form FSA-2309, "Certification of Disaster Losses"

If applying as an Entity, also provide the information below (Including ALL embedded entities):

<input type="checkbox"/>	Copies of Original Documents (<i>Charter, Articles of Incorporation, Bylaws, Agreements, etc.</i>)
<input type="checkbox"/>	A duly adopted resolution to apply for and obtain financing
<input type="checkbox"/>	A balance sheet for each entity (<i>If not already completed as part of this application</i>)
<input type="checkbox"/>	A balance sheet for each entity member (<i>If not already completed as part of this application</i>)
<input type="checkbox"/>	AD-3030 - Applicable ONLY to Corporate Applicants (<i>Not including LLCs or Trusts</i>)

REMINDER: If Parts H and/or I were substituted for other documents, those must also be provided.