

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
1 Exact Full Legal Name	Enter the applicant’s exact full legal name and list all current business aliases.
2 Mailing Address	Enter applicant’s complete mailing address; not physical address. If operating as an entity, list where incorporated or otherwise registered.
3 Contact Info	Enter the applicant’s phones numbers and email address as applicable.

PART B – GENERAL INFORMATION

Items 1 – are completed by the applicant.

1 Loan Purpose	Select all that apply. Loan Staff will gather specifics during underwriting.
2 Loan Amount	Enter the amount of each type of operating loan being requested.

Fld Name / Item No.	Instruction
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PART C – NOTIFICATIONS, CERTIFICATIONS AND ACKNOWLEDGEMENT

Items 1 – 6 are completed by all applicants.

1 Changes 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”.
2 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 7 otherwise check “NO”.
3 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 7 otherwise check “NO”.
4 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 7, otherwise check “NO”.
5 Employee	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.
6 Change 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”.
7 Additional Answers	Provide explanations to any “YES” responses for Items 1 – 6. Use additional sheets if necessary.
8 – 15 Statements	Read statements and certifications in Items 8 – 15.
16A Signature	Enter the signature of the individual applicant or the authorized entity representatives. For entity members, all members should sign individually in Items 16 - 19.
16B Title/Relationship of the Individual Signing	Enter Title and or Relationship of the person signing the application.
16C Date	Enter the date the applicant signed.
17A Signature	Enter the signature of the entity member. For entity members, all members should sign individually in Items 16 - 19.
17B	Enter Title and or Relationship of the person signing the application.

Fld Name / Item No.	Instruction
Title/Relationship of the Individual Signing	
17C Date	Enter the date the applicant signed.
18A Signature	Enter the signature of the entity member. For entity members, all members should sign individually in Items 16 - 19.
18B Title/Relationship of the Individual Signing	Enter Title and or Relationship of the person signing the application.
18C Date	Enter the date the applicant signed.
19A Signature	Enter the signature of the entity member. For entity members, all members should sign individually in Items 16 - 19.
19B Title/Relationship of the Individual Signing	Enter Title and or Relationship of the person signing the application.
19C Date	Enter the date the applicant signed.

PART D – FSA USE ONLY

Items 1 – 5 completed by FSA.

1 Date Form Received	Enter the date the FSA-2314 received in the Office.
2 Date Application Complete	Enter the date the application is considered complete.
3 Credit Report Fee	Enter the amount of the credit report fee.
4 Date Received	Enter the date the credit report fee is received.
5 Agency Official	Enter the name of the Agency Official receiving the application.