FORM APPROVED OMB NO. 0572-0137-Exp. Date: 01/31/2025; OMB NO. 0575-0189-Exp. Date: 03/31/2026

			1023, ONE 100:0375-0103-EX	5. Date: 05/51/2020		
Form RD 3560-57 (02-05) APPLICATION FOR		ADVISE NUMBER				
		TAXPAYER IDENTIFICATION NUMBER			DATE 20	
		CASE NUMBER	CASE NUMBER		PROJECT NUMBER	
SETTLEMENT OF IN	DEBTEDNESS			CHARGE OFF		
PART I GENERAL INFORMATION						
A. I(We)						
A. I(We) (Name and						
the owners of		(Name and Address of	Propertv)		,	
hereby request that the indebtedness des following statements are true and correct			it to the pertinent law and	regulations and	d certify that the	
PART II DEBTS OWED TO THE DEPAR	TMENT OF AGRICULTUR	RE				
LOAN CODE IDENTIFICATION	FINAL DUE DATE	ORIGINAL AMOUNT				
(1)	(2)	(3)	INTEREST	(4) PRINCIPAL	TOTAL	
(A) RHS DEBTS FOR WHICH SETTLEMENT IS REQUESTED:						
(B) OTHER DEBTS OWED RHS						
(C) DEBT OWED OTHER AGENCIES OF DEPARTMENT OF AGRICULTURE						
TOTALS						
PART III FINANCIAL INFORMATION			- F - F			
The following documents are attached:						
A current financial statement and cash flow projects						
Verification of assets for the past 12 months Verification of debts greater than \$1,000						
Tax returns for the past three years		Other:			(Specify)	
PART IV DEBTOR'S OFFER AND CEF	RTIFICATION					
(A) I (We) am (are) unable to pay in full th	he indebtedness described in F	Part 11 hereof. I (We) have a	acted in good faith in an effor	t to pav said indel	btedness:	
have no reasonable prospects of being able to			-			
		dollar (\$)i	n full and complet	te settlement of said	
indebtedness, to be paid as follows: \$	submitted w					
\$						
\$						
\$						
I (We) understand that in the event of non	payment of any of the above in	stallments when due, the to	tal indebtedness listed in Pa	t II of this applicat		
will be immediately due and payable and that						
(B) <u>I (We) have not transferred, without ad</u> <u>funds, or made any deposits in banks or mone</u> (<i>Explain</i>)				<u>STOCKS, DONDS, MI</u>	<u>ituai</u>	
If the decision contained above in this form results in a a hearing. Please use the form we have included for th	denial, reduction or cancellation of signal control of the second s	of RHS assistance, you may app	peal this decision and have a he	earing or you may r	equest a review in lieu of	

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 572-0137 and 0575-0189, which expire 3/31/2026. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. All responses to this collection of information are voluntary. Any questions on this burden can be sent to ICRMTRequests@usda.gov.

ART IV DEBTOR'S OFFER AND CERTIFICATION (continued)			
(C)I (We) have met the requirements of RHS, or its predecessor agencies, in disp	osing of any mortgaged pro	operty except	
(D) I (We) have read all of this application, which is made for the purpose of obtaining hereby certify that all of the statements and representations contained herein are true in RHS is required to report any written-off indebtedness to the Internal Revenue Service.	all respects to the best of	my (our) knowledge and belief.	I (We) understand that
(E) In making this offer of settlement, I (we) understand and agree that (1) the amou suspense pending consideration of the offer, (2) if the offer is accepted I (we) will be no amount offered will be returned in the form of a United States Treasury check.			
(F) All of the debts referred to in Part II have been discharged in bankruptcy.	Yes 🗌 No [
(G) Witness:	Debtor:		
Address:			
Witness:	Debtor:		
Address:	_		
(H) This application for debt actilement has been adopted by the			of the
(H) This application for debt settlement has been adopted by the and caused to be executed by the officers			
and caused to be executed by the onicer		day or	, 20
Attest:	Bv:		
Title: (SEA	L) Title:		
ART V RECOMMENDATION AND APPROVAL			
I find from the statements and disclosures of the debtor(s) that the requirements of th		ions have have not	
		(Address)	
	State Director		
is settlement is recommended approved rejected under the authority ontained in pertinent law and regulations.	Date		
	Administrator		
is settlement is approved rejected under the authority contained in pertinent w and regulations.	Date		
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