REQUEST FOR YOUTH LOAN

INSTRUCTIONS FOR PREPARATION

Purpose: This form used by youth loan applicants to apply for direct loan assistance from FSA.	
Handbook Reference: 3-FLP	**Number of Copies:** Original
Signatures Required: Applicant, Project Advisor, and Parent/Guardian.	
Distribution of Copies: Retained in the case file.	
Automation-Related Transactions: (Instructions for writers: provide only the information required, i.e. ADPS TC 3K. If no automation actions are required, insert N/A FBP, DLS,	

Applicants must complete Part A.
Project advisor must complete Part B.
Parent or guardian must complete Part C.
Part D is for FSA use only.

Part A, Items 1-40B are completed by the applicant.

Fld Name / Item No.	Instruction
1 Exact Full Legal Name	Enter the applicant's exact full legal name.
2 Address	Enter applicant's complete mailing address, including physical address if different from mailing address.
3 County of Project	Enter the County where the project will be performed.
4 Email Address	Enter the applicant's email address.
5 Social Security No.	Enter applicant's social security number.
6 Birth Date	Enter applicant's date of birth.
7 Telephone Number	Enter applicant's contact telephone numbers, including area code.
8 Marital Status	Enter check in the appropriate box for marital status.
9 Amount of Loan Request	Enter the loan amount being requested.
10 Citizenship	Check "YES" if you are a U.S. citizen. Check "NO" if a U.S. non-citizen national or qualified alien and provide appropriate documentation of immigration status.
11	Check "YES" if you ever obtained a direct or guaranteed loan from FSA; if not,

Fld Name / Item No.	Instruction
Previous FSA Assistance	check “NO”.
12 Delinquent on Federal Debt	Check “YES” if you are delinquent on any federal debt and provide an explanation in Item 18. (Federal debt includes but is not limited to education loans, delinquent taxes, obligations at Natural Resources Conservation Service, etc.) Otherwise check “"NO.”
13 Debt Forgiveness	Check “YES” if the government ever forgave any debt on an FSA direct or guaranteed loan through a write-off, debt settlement, compromise, write-down, charge-off, adjustment, reduction or bankruptcy and provide an explanation in Item 18. If not, check “NO”.
14 Employment Information	Check “YES” if employed and enter the name, mailing address and telephone number of the employer. Also provide the annual income and if employment is full or part time in Item 18. If not employed, check “NO”.
15 Employee Relationship	Check “YES” if you are an employee, related to an employee, or closely associated with an employee of the Farm Service Agency, and provide an explanation in Item 18. If not, check “NO”.
16 Agriculture Related Organization	Check “YES” if you are an active member of FFA, 4-H or other agriculture related organization. Provide the name of the organization that will sponsor you for this project in Item 18. If not, check “NO”.
17 Veteran	Check “YES” if you are a veteran. If not, check “NO”.
18 Additional Answers	Use this space to provide additional answers to questions on this application.
19 Brief Description of Project	Provide a brief description of your proposed project.
20A Ethnicity	Check the appropriate box indicating the individual applicant’s ethnicity.
20B Race	Check the appropriate boxes indicating the individual applicant’s race.
20C Gender	Check the appropriate box indicating the individual applicant’s gender.
21A Income Description	Enter the description of each projected source of income.
21B $ Amount	Enter the projected annual dollar amount of income received from each source described.
22 Total	Enter the projected total annual dollar amount of income from all sources listed under Item 21A.
23A Expense Description	Enter the description for each projected expense.

Fld Name / Item No.	Instruction
23B $Amount	Enter the projected annual dollar amount of each expense described.
24 Total	Enter the projected total annual dollar amount of all expenses listed under Item 23A.
25 Annual Total Income	Enter the projected total annual dollar amount of income from Item 22.
26 Annual Total Expenses	Enter the projected total annual dollar amount of all expenses from Item 24.
27 Annual Amount of Payments Due	Enter the estimated annual dollar amount of payments due, including requested loan.
28 Ending Cash Balance	Subtract Item 26 “Annual Total Expenses” and 27 “Annual Amount of Payments Due” from Item 25 “Annual Total Income” to complete Item 28 “Ending Cash Balance”.
29A Assets Description	Enter a description of all assets.
29B $ Amount	Enter the dollar value of each asset described.
30 Total Assets	Enter the total dollar value of all assets described.
31A Debts Description	Enter a description of all debts.
31B $ Amount	Enter the dollar amount of each debt described.
32 Total Debts	Enter the total dollar amount of all debts described.
33 Total Assets	Enter the dollar amount of total assets from Item 30.
34 Total Debts	Enter the dollar amount of total debts from Item 32.
35 Net Worth	Enter the net worth by subtracting Item 34 from Item 33.
36 Special Program Information	Please read.
37 General Information	Please read.
38 Certifications	Please read.
39 Warning	Please read.
40A Signature	Enter the applicant’s signature.

Fld Name / Item No.	Instruction
40B Date	Enter the date applicant signed.

PART B - All items are completed by the project advisor.

41A Project Advisor Recommendation	Enter a brief description of how you plan to assist the applicant.
41B Name	Print the project advisor's name.
41C Signature	Enter the project advisor's signature.
41D Title Within Organization	Enter project advisor's title within the organization (leader, advisor, teacher, County Extension agent, etc.).
41E Organizational Affiliation	Enter the name of agricultural organization with which project advisor is associated.
41F Phone Number	Enter the contact phone number for the project advisor.
41G Date	Enter the date the project advisor signed.

PART C - All items are completed by the parent or guardian.

42A Parent or Guardian Recommendation	Enter a brief description of how you plan to assist the applicant.
42B Name	Print the parent or guardian name.
42C Signature	Enter the parent or guardian's signature.
42D Date	Enter the date the parent or guardian signed.

PART D- All items are completed FSA.

43A Date Form Received	Enter the date the FSA 2301 received in the Office.
43B Date Application Complete	Enter the date the application is considered complete.
43C Credit Report Fee	Enter the amount of the credit report fee. (For applicants 18 years or older).
43D Date Received	Enter the date the credit report fee is received.
43E Agency Official	Enter the name of the Agency Official receiving the application.