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(See Page 2 for the Privacy Act and the Public Burden Statements.)
U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency

Position 3

FSA-2006 07-29-19)

## PROPERTY OWNED AND LEASED

1.	Name	of	Арр	licant
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A. LAND. In	clude all land	owned, to be own	ed. or leased			
1A. Owner of F	Record		escription			1C. County
1D. Farm No.	1E. Total Acres	1F. Crop Acres	1G. Oral/ Written Lease	1H. Crop Share	1I. Cash Rent	1J. Expiration Date
2A. Owner of F	Record	2B. D	escription		%   \$	2C. County
2D. Farm No.	2E. Total Acres	2F. Crop Acres	2G. Oral/ Written Lease	2H. Crop Share	2I. Cash Rent	2J. Expiration Date
3A. Owner of F	 Record	3B. D	escription			3C. County
3D. Farm No.	3E. Total Acres	3F. Crop Acres	3G. Oral/ Written Lease	3H. Crop Share	3I. Cash Rent	3J. Expiration Date
4A. Owner of F	l Record	4B. D	escription			4C. County
4D. Farm No.	4E. Total Acres	4F. Crop Acres	4G. Oral/ Written Lease	4H. Crop Share	4I. Cash Rent	4J. Expiration Date
5A. Owner of F	Record	5B. D	escription		%   \$	5C. County
5D. Farm No.	5E. Total Acres	5F. Crop Acres	5G. Oral/ Written Lease	5H. Crop Share	5I. Cash Rent	5J. Expiration Date

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B. EQU	IPMENI/LI			livestock to be purch		/ leased, or to	o de	
Owner	1. of Record	2. Description	3. Number of Units	4. Rent <b>\$</b>	5. Share %	6. Type of Le	ase	7. Expiration Date
C. CER	TIFICATION							
I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)								
1. Signa			-				Date	
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, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. 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 denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. 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 30 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. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b>							