					(See Page	4 for Priv	vacy. Act and I	Panerwo	OMB Control No Expiration Date: ork Reduction Act S	09/30/2023
FSA-2211 (03-09-22)				U.S. DEPARTMEN Farm Ser				uperno		Position 3
			APPL	ICATION F			TEE			
		LEN		I THIS COMPLETE				ICE		
INSTRUCTIONS TO APPLICANT AND LENDER:	an indiv	vidual, they	y will complete	e Part A. If the Lo Part C. All Loan tity members, and	Applicants wi	ll comple	te Parts D, E	, and F.	te Part B. If the A Lender will com	Applicant is plete Parts
				nvolved in the ope ouse completes Pa					they should be co	nsidered a
PART A TYPE (
1. Type of Operation	ו:		t Operation (Incluc ses Applying Jointly)	des Trust		Pa	artnership		Corporation	
Cooperative				Other (B	Explain):					
PART B ENTITY	Y APPLI	CANT INF		OAN APPLICAN	T)					
1. Entity Name			2. Entity A				3	. Numbe	er of Entity Member	S
4. Entity Tax ID Nun	nber		5. Entity He	eadquarters County		Entity Tele Including A	phone Numbe rea Code)	r 7.	Telephone Type	
									Home Cell	Work
PART C INDIVID				DN (LOAN APPLI) nt's Address	CANT)		3		ant's Birthdate D-YYYY)	
	egal Nam	e	2. Applica		County 6. /		3 Telephone Including Area Code	(MM-DI		
 Applicant's Full Le Applicant's 9 Digi 	egal Nam	e	2. Applica	nt's Address	County 6. /		Telephone	(MM-DI	D-YYYY) Telephone Type	Work
 Applicant's Full Le Applicant's 9 Digi 	egal Namo	e	2. Applica	nt's Address	County 6. /	Number (I	Telephone	(MM-DL	D-YYYY) Telephone Type	U Work
 Applicant's Full Lo Applicant's 9 Digi Tax ID Number 	egal Name it Social So 	e ecurity or Aarried J.S. Citizen	2. Applica 5. Resider	nt's Address	County 6. / rced sident Alien	Number (/	Telephone Including Area Code	(MM-DI	D-YYYY) Telephone Type Home Cell /idowed	
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 Applicant's Full Le Applicant's 9 Digi Tax ID Number Marital Status: Citizenship Status 	egal Name it Social S	e ecurity or /arried J.S. Citizen : Applicant w MATION (2. Applica 5. Resider Unmarried Non-Citizer vill be asked to prov (LOAN APPLIC	nt's Address	County 6. / rced sident Alien proper document	Number (/	Telephone Including Area Code	(MM-DI	D-YYYY) Telephone Type Home Cell /idowed	
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 Applicant's Full Le Applicant's 9 Digi Tax ID Number Marital Status: Citizenship Status Citizenship Status Have you or any e If "YES", what nar 	egal Name it Social So 	e ecurity or /arried J.S. Citizen :: Applicant w MATION (nbers ever o	2. Applica 5. Resider Unmarried Non-Citizer vill be asked to prov (LOAN APPLIC) conducted busine	nt's Address	County 6. / rced sident Alien proper document name(s)?	Lega	Telephone Including Area Code Ily Separated Igee or Other Inigration status a	(MM-DI	D-YYYY) Telephone Type Home Cell /idowed	.C. 1641)
 Applicant's Full Le Applicant's 9 Digi Tax ID Number 8. Marital Status: 9. Citizenship Status PART D OTHER Have you or any e If "YES", what nar Ethnicity, race, and gedetermine if you quality you not receiving acce 	egal Name it Social So it Social So Note *NOTE R INFOR entity mem me(s)? Inder inform fy for target so target	e ecurity or /arried J.S. Citizen : Applicant w MATION (nbers ever of nation is req red funds. N	2. Applica 5. Resider Unmarried Non-Citizer ill be asked to prov (LOAN APPLIC conducted busine guested in order to prov You are not require	nt's Address nce or Headquarters Divo Divo n National *Res ride I-551 and/ or other CANT) ess under any other Voluntary Informa monitor FSA's compli ed to furnish this inform	County 6. / rced sident Alien proper document name(s)?	Lega Lega Kation of imi Attack Lega Number (I Station of imi Attack Lega Number (I Station Conting Pur Attack Lega Lega Lega Lega Lega Lega Lega Lega	Telephone cluding Area Code lly Separated ligee or Other nigration status a NO ooses libiting discrimi o do so. Failure	(MM-DI	D-YYYY) Telephone Type Home Cell //idowed nder PRWORA (8 U.S ainst loan applicants a ete this information m	.C. 1641) nd to nay result in
 Applicant's Full Le Applicant's 9 Digi Tax ID Number 8. Marital Status: 9. Citizenship Status PART D OTHER 1. Have you or any e If "YES", what nar Ethnicity, race, and gedetermine if you qualified 	egal Name it Social So it Social So Note *NOTE R INFOR entity mem me(s)? Inder inform fy for target so target	e ecurity or //arried J.S. Citizen : Applicant w MATION (nbers ever of nbers ever of reation is req reation is req reation for sever of reation is req	2. Applica 5. Resider Unmarried Unmarried *Non-Citizer vill be asked to prov (LOAN APPLIC conducted busine guested in order to a You are not require to which you may be	nt's Address nce or Headquarters Divo Divo n National *Res ride I-551 and/ or other CANT) ess under any other Voluntary Informa monitor FSA's compli ed to furnish this inform	County 6. / rced sident Alien proper document name(s)?	Lega Lega Kation of imi Attack Lega Number (I Station of imi Attack Lega Number (I Station Conting Pur Attack Lega Lega Lega Lega Lega Lega Lega Lega	Telephone cluding Area Code lly Separated ligee or Other nigration status a NO ooses libiting discrimi o do so. Failure	(MM-DI	D-YYYY) Telephone Type Home Cell //idowed nder PRWORA (8 U.S ainst loan applicants a ete this information m	nd to nay result in wners of a
 Applicant's Full Le Applicant's 9 Digi Tax ID Number 8. Marital Status: 9. Citizenship Status PART D OTHER 1. Have you or any e If "YES", what nar Ethnicity, race, and gedetermine if you quality you not receiving acce majority interest in the 	egal Name it Social So it Social So Note Note R INFOR entity ment me(s)? Inder inform fy for target e entity. atino or Latino	e ecurity or Aarried J.S. Citizen Applicant w MATION (mation is req ted funds. M CB. Race Black Black	2. Applica 5. Resider Unmarried Unmarried *Non-Citizer vill be asked to prov (LOAN APPLIC conducted busine guested in order to a You are not require to which you may be	nt's Address nce or Headquarters Divo n National Res ride I-551 and/ or other OANT) ess under any other Voluntary Informat monitor FSA's compli ed to furnish this inform e eligible. Entity appl (boxes as applicable) skan Native an	County 6. /	Lega Lega Kation of imi Attack Lega Number (I Station of imi Attack Lega Number (I Station Conting Pur Attack Lega Lega Lega Lega Lega Lega Lega Lega	Telephone Ily Separated Igee or Other Inigration status a NO OOSES Ibiting discrimit o do so. Failure wers on the ethn 2C. Gende Ale Female Non-bir	(MM-DI	D-YYYY) Telephone Type Home Cell /idowed inder PRWORA (8 U.S ainst loan applicants a ete this information me, and gender of the ov 2D. Veteran S Q. Veteran Non-Veteral	nd to nay result in where of a tatus

1.5/					га	je z
	RTE APPLICANT ELIGIBILITY INFOR Description of Operation, Including Commodity					
1. 1	beschption of Operation, including Commonly	s) Floadced of To be Floadced				
2. 1	am or will be the operator of a family farm	3. Number of Years Operating a Farm	4. Acres Owned	5. Acr	es Rente	d
					YES (True)	NO (False)
6.	I (including all members, if an entity applicant) h down, write-off, compromise, adjustment, reduc			ough write-		
7.	I (including all members, if an entity applicant) a	m not delinquent on any debt to the United Sta	ates Government.			
8.	I (including all members, if an entity applicant) of Court.	lo not have any outstanding recorded judgmen	ts obtained by the United States in	a Federal		
9.	I (or members holding a majority interest if an e alien under applicable Federal immigration laws documentation as to their immigration status)					
10.	l (including all members, if an entity applicant) ۲	ave the legal capacity to incur the obligations of	of the loan.			
11.	I (including all members, if an entity applicant) h trafficking, or possessing a controlled substance		growing, producing, harvesting, sto	oring,		
12.	I (including all members, if an entity applicant) a according to 7 CFR Part 718.	m not ineligible due to disqualification resulting	from a Federal Crop Insurance vic	olation,		
13.	I (including all members, if an entity applicant) a or Farm Service Agency.	m not an employee, related to an employee, o	r an associate of an employee of th	e Lender		
14.	I (including all members, if an entity applicant) a	m unable to obtain sufficient credit without a g	uarantee.			
15.	I (including all members, if an entity applicant) h statements in the past.	ave not provided the Farm Service Agency wit	h false or misleading documents or			

PART F LOAN APPLICANT CERTIFICATIONS (LOAN APPLICANT)

EGA 2211 (02 00 02)

RIGHT TO FINANCIAL PRIVACY ACT OF 1978

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.

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, or 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.

CERTIFICATIONS, RESTRICTIONS, AND DISCLOSURE OF LOBBYING ACTIVITIES

- 1. The loan applicant certifies that: if any funds, by or on behalf of the loan 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 loan applicant shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- The loan applicant 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.
- 3. 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 and is imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

ABUSE OF CONTROLLED SUBSTANCES

The loan applicant certifies that he or she 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 last 5 crop years, in accordance with 21 U.S.C. 889. The loan applicant also certifies that he/she 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.

FEDERAL DEBT

The loan applicant certifies and acknowledges that any amounts paid by FSA on account of the liabilities of the guaranteed loan borrower will constitute a Federal debt owing to FSA by the guaranteed loan borrower. In such case, FSA may use all remedies available to it, including offset under the Debt Collection Improvement Act, to collect the debt from the borrower. The Agency's right to collect is independent of the lender's right to collect under the guaranteed note and will not be affected by any release by the lender of my (our) obligation to repay the loan. Any Agency collection under this paragraph will not be shared with the lender.

ACKNOWLEDGMENT

I certify that I accept and comply with the conditions stated hereon. I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith to obtain a loan. I understand that the approval period will not begin until a complete application has been filed. (Warning: section 1001 of Title 18, United States Code provides for criminal penalties to those who provide false statements on loans. If any information on this application is found to be false or incomplete, such finding may be grounds for denial of the requested credit and civil and criminal prosecution.)

1A. Signature of Applicant	1B. Capacity		1C. Date Signed (MM-DD-YYYY)
	Self	Entity Representative	

Page 2

FSA-2211 (03-09-22)						Pag	je 3
PART G - TYPE OF AS	SISTANCE REQUES	TED (ALL LENDER TY	(PES)				
1. Request Number	2. Loan Type	3. EZ Guarantee	4. Loan Amount or I	LOC Ceiling 5. Inter	est Rate		
of			-		%	Fix	ariable xed
6. Requested Guarantee P	Percentage 7.	Repayment Period (Year	s) 8. Princip	al Repayment Terms	9. Interest F	Repayme	nt Terms
Maximum Other	r						
PART H – FUNDS PUR	POSE (ALL LENDER	TYPES)					
	1. Purp	oses for which funds will	be used			2. Amou	unt
					\$		
					\$		
					\$		
					\$		
PART I - PROPOSED S							
1.		2.	3.	4.		5.	
Item Desc	ription	Lien Position	Estimated Value	Amount of Prior Li	en (Collateral \	/alue
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
			\$	\$	\$		
		6. TOTALS:	\$	\$	\$		
PART J - INTEREST A	SSISTANCE DOCUM	ENTATION (APPLICA	BLE ONLY FOR INTE	REST ASSISTANC	E APPLICA	TIONS)	
1. NET CASH FLOW (inflo	ws - outflows) WITHOU ⁻	INTEREST ASSISTANC)E:				
		flow is negative) without nterest assistance, or the		pplicant should be cor	sidered for int	erest ass	istance.
2. NET CASH FLOW (inflo	ws - outflows) WITH INT	EREST ASSISTANCE:					
PART K – EZ GUARAN			ILY FOR EZ GUARAN	ITEE APPLICATION	IS)		
1. Applicant shows the abili	ty to repay requested loa	an as demonstrated by:				YES (True)	NO (False)
2. Applicant has acceptable	,						
PART L - ENVIRONME	NTAL INFORMATION	(ALL LENDER TYPE	S)				
Based on a site visit to t	he loan applicant's o	peration and discussion	on of the operating pla	n, answer the follow	/ing:	YES (True)	NO (False)
the applicable Farr	nce: Applicant has certifing the service Agency Service	ed compliance on AD-10 e Center.	26 covering the period of	the loan and filed AD-	1026 with		
 Land Use: Proceeds from this request or project will not accommodate any shifts in land use, ground disturbance, clearing of woody vegetation or stumps or for drilling of a well. 					learing of		
3. Floodplains: Property on which farming activities are taking place is not located near or within a floodplain.							
 Historical and Archaeological Sites: Property on which farming activities take place is not known to be of historical significance or contain any known archaeological sites. 					al		
5. Hazardous Substances: Property on which the farming activities take place is not contaminated with hazardous substances or waste and does not contain underground storage tanks.					bstances or		
6. Endangered Spect the operation.	cies: There are no known	n endangered or proposed	d endangered species or	habitats that will be di	sturbed by		
or property and the Federal or State er	ere are no environmental nvironmental laws.	pending or active lawsui liens or judgements filed					
	ty Standards: This is no						
[^] It "NO", this is a liv	vestock operation consis	ting of(<i>number of live</i>	estock)	(type of livestock)			

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PART M – LENDER INFORMATION	AND CERTIFICATION (ALL LE	NDER TYPES)	
1. Lender Status			
Preferred Lender (PLP)	ertified Lender (CLP) Standard	Eligible (SEL) Micro Len	der (MLP)
2. Lender Certifies that:			
a. All applicable requirements in 7 C	C.F.R. Part 762, and FSA-2201 have	heen or will be met	
b. The Lender would not make the lo			
c. The loan applicant shows the abili	e		
d. The proposed collateral securing t			
	•	be submitted with the loan ann	lication, has been obtained and supports the
data presented in this application.	s.rR. 1 art 702, but not required to t	be sublimited with the loan app	neation, has been obtained and supports the
	ns will be made according to the curr	rent Credit Management Syster	m (CMS).
g. Application will be governed by I	Lender's Agreement (FSA-2201) dat		•
		(Date)	
3A. Lending Institution Name and Addres	S		3B. Telephone Number (Including Area Code)
5			
4A. Lender 9 Digit Tax ID Number	4B. Regulatory or Certifying Agen	CV/	5. Email Address
A. Lender a Digit Tax iD Number	4D. Regulatory of Certifying Agen	cy	
6A. Name of Lender's Representative		6B. Title of Lender's Repres	entative
7A. Authorized Lender Representative's	Signature	7B. Date (MM-DD-YYYY)	
PART N – FSA USE ONLY			
1A. Date Received (MM-DD-YYYY)		1B. Date Complete (MM-DD	-YYYY)
		1	
			ended). The authority for requesting the
			ent Act (7 U.S.C. 1921 et seq.), and the ower ability to participate in and receive benefits
			nuirements have been or will be met. The

Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine applicant/borrower ability to participate in and receive benefits under an FSA Loan Program through Lender certification that all applicable FSA Loan Program requirements have been or will be met. The information collected on this form may be disclosed to other Federal, State, 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 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 will result in a determination that the applicant/borrower is unable to participate in and receive benefits under an FSA Loan Program.

Public Burden Statement (Paperwork Reduction Act): 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 0560-0155. The time required to complete this information collection is estimated to average 2.5 hours 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, audiotape, 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 <u>http://www.ascr.usda.gov/complaint_filing_cust.html</u> 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: <u>program.intake@usda.gov</u>. USDA is an equal opportunity provider, employer, and lender.

FSA-2211 (03-09-22)

	R/CO SIGNER INFORMATION (IF APPLICABLE)	
1A. Co-Applicant's, Entity Member's, or Co-Signer's Full Legal Name	1B. Co-Applicant's, Entity Member's, or Co-Signer's 9 Digit Social Security or Tax ID Number	1C. Co-Applicant's, Entity Member's, or Co-Signer's Birthdate (MM-DD-YYYY)
1D. Co-Applicant's, Entity Member's, or Co-Signer's Address:	1E. Residence or Headquarters County	1F. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Number <i>(Including Area Code)</i>
1G. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Type	1H. % Ownership (<i>If entity member</i>):	1I. Check Box if Co-Signer Only:
Home Cell Work		
	arried Divorced Legally Separa	
	-Citizen National *Resident Alien *Refugee or Ol	
"NOTE: Applicant will be asked t	o provide I-551 and/ or other proper documentation of immigration sta Voluntary Information for Monitoring Purposes	tus as found under PRWORA (8 U.S.C. 1641)
applicants and to determine if you qualify for target	in order to monitor FSA's compliance with Federal laws pr ed funds. You are not required to furnish this information b eiving access to targeted funds for which you may be eligible ners of a majority interest in the entity.	ut are encouraged to do so. Failure to e. Entity applicants should base their
1L. Ethnicity 1M. Race (Choose as m	any boxes as applicable) 1N. Gen	der 10. Veteran Status
Hispanic or Latino	laskan Native Asian I Fem	
Not Hispanic or Latino		
I prefer not to share		
		r not to share
2A. Co-Applicant's, Entity Member's, or Co-Signer's Full Legal Name	2B. Co-Applicant's, Entity Member's, or Co-Signer's 9 Digit Social Security or Tax ID Number	2C. Co-Applicant's, Entity Member's, or Co-Signer's Birthdate (MM-DD-YYYY)
	2E. Residence or Headquarters County	2F. Co-Applicant's, Entity Member's,
2D. Co-Applicant's, Entity Member's, or Co-Signer's Address:		or Co-Signer's Telephone Number <i>(Including Area Code)</i>
Address: 2G. Co-Applicant's, Entity Member's, or Co-Signer's		Number (Including Area Code)
Address: 2G. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Type Home Cell Work		Number (Including Area Code) 21. Check Box if Co-Signer Only:
Address: 2G. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Type Home Cell Work 2J. Marital Status: Married U 2K. Citizenship Status: U.S. Citizen **	2H. % Ownership (<i>If entity member</i>):	Number (Including Area Code) 21. Check Box if Co-Signer Only: rated Widowed ther
Address: 2G. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Type Home Cell Work 2J. Marital Status: Married U 2K. Citizenship Status: U.S. Citizen * *NOTE: Applicant will be asked to	2H. % Ownership (<i>If entity member</i>): nmarried Divorced Legally Sepa Ion-Citizen National *Resident Alien *Refugee or O provide I-551 and/ or other proper documentation of immigration state Voluntary Information for Monitoring Purposes	Number (Including Area Code) 21. Check Box if Co-Signer Only: rated Widowed ther us as found under PRWORA (8 U.S.C. 1641)
Address: 2G. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Type Home Cell Work 2J. Marital Status: Married U 2K. Citizenship Status: U.S. Citizen *NOTE: Applicant will be asked to Ethnicity, race, and gender information is requested applicants and to determine if you qualify for target complete this information may result in you not recomplete the set of the set	2H. % Ownership (If entity member): nmarried Divorced Legally Sepa Ion-Citizen National *Resident Alien *Refugee or O o provide I-551 and/ or other proper documentation of immigration state Voluntary Information for Monitoring Purposes in order to monitor FSA's compliance with Federal laws pred funds. You are not required to furnish this information being access to targeted funds for which you may be eligible	Number (Including Area Code) 21. Check Box if Co-Signer Only: rated Widowed ther us as found under PRWORA (8 U.S.C. 1641) ohibiting discrimination against loan ut are encouraged to do so. Failure to
Address: 2G. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Type Home Cell Work 2J. Marital Status: Married U 2K. Citizenship Status: U.S. Citizen * *NOTE: Applicant will be asked to Ethnicity, race, and gender information is requested applicants and to determine if you qualify for target	2H. % Ownership (If entity member): nmarried Divorced Legally Sepa Ion-Citizen National *Resident Alien *Refugee or Correction of the proper documentation of immigration state Voluntary Information for Monitoring Purposes in order to monitor FSA's compliance with Federal laws pred funds. You are not required to furnish this information to briving access to targeted funds for which you may be eligible ners of a majority interest in the entity. any boxes as applicable) 2N. Gen	Number (Including Area Code) 21. Check Box if Co-Signer Only: rated Widowed ther us as found under PRWORA (8 U.S.C. 1641) ohibiting discrimination against loan ut are encouraged to do so. Failure to e. Entity applicants should base their der 20. Veteran Status
Address: 2G. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Type Home Cell Work 2J. Marital Status: Married U 2K. Citizenship Status: U.S. Citizen *NoTE: Applicant will be asked to Ethnicity, race, and gender information is requested applicants and to determine if you qualify for target complete this information may result in you not receanswers on the ethnicity, race, and gender of the ow 2L. Ethnicity 2M. Race (Choose as m)	2H. % Ownership (If entity member): nmarried Divorced Legally Sepa Ion-Citizen National *Resident Alien *Refugee or Composed o provide I-551 and/ or other proper documentation of immigration state Voluntary Information for Monitoring Purposes in order to monitor FSA's compliance with Federal laws pred funds. You are not required to furnish this information betwing access to targeted funds for which you may be eligible 2N. Gen any boxes as applicable 2N. Gen laskan Native Asian	Number (Including Area Code) 21. Check Box if Co-Signer Only: rated Widowed ther us as found under PRWORA (8 U.S.C. 1641) ohibiting discrimination against loan ut are encouraged to do so. Failure to e. Entity applicants should base their der 20. Veteran Status Veteran
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PART P – CO-APPLICANT/ENTITY MEMBER/CO-SIGNER CERTIFICATIONS

RIGHT TO FINANCIAL PRIVACY ACT OF 1978

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.

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, or 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.

CERTIFICATIONS, RESTRICTIONS, AND DISCLOSURE OF LOBBYING ACTIVITIES

- 1. The loan applicant certifies that: if any funds, by or on behalf of the loan 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 loan applicant shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- 2. The loan applicant 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.
- 3. 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 and is imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

ABUSE OF CONTROLLED SUBSTANCES

The loan applicant certifies that he or she as an individual, any member of an entity applicant, or co-signor has not been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the last 5 crop years, in accordance with 21 U.S.C. 889. The loan applicant also certifies that he/she 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.

FEDERAL DEBT

The loan applicant, entity member, or co-signor certifies and acknowledges that any amounts paid by FSA on account of the liabilities of the guaranteed loan borrower will constitute a Federal debt owing to FSA by the guaranteed loan borrower. In such case, FSA may use all remedies available to it, including offset under the Debt Collection Improvement Act, to collect the debt from the borrower. The Agency's right to collect is independent of the lender's right to collect under the guaranteed note and will not be affected by any release by the lender of my (our) obligation to repay the loan. Any Agency collection under this paragraph will not be shared with the lender.

ACKNOWLEDGMENT

I certify that I accept and comply with the conditions stated hereon. I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith to obtain a loan. I understand that the approval period will not begin until a complete application has been filed. (Warning: section 1001 of Title 18, United States Code provides for criminal penalties to those who provide false statements on loans. If any information on this application is found to be false or incomplete, such finding may be grounds for denial of the requested credit and civil and criminal prosecution.)

1A. Signature of Co-Applicant, Entity Member, or Co-Signer	1B. Capacity		1C. Date Signed (MM-DD-YYYY)
	Self	Entity Representative	
2A. Signature of Co-Applicant, Entity Member, or Co-Signer	2B. Capacity		2C. Date Signed (MM-DD-YYYY)
	Self	Entity Representative	

PART Q SUPPORTING INFORMATION (FOR SEL/CLP LENDERS COMPLETING NO	ON EZ GUARANTEED LO	DANS)
1. Please attach the following:		
SEL (Standard Eligible Lender) Submission Requirements	For Loans \$125,000 or Less	For Loans More Than \$125,000
Loan Narrative		
Balance Sheet		
Cash Flow Budget		
Location of Farmed Land		
Credit Report		
Proposed Loan Agreement		
Verification of Debts over \$5,000		
Verification of Non-Farm & Other Income		
3 Years of Financial History		
3 Years of Production History		
If Applicable, include the information below:		
Entity Information (including a balance sheet for each member)		
Environmental Information		
Construction/Development Plans		
FOR CL Loans: Transition Plan		
FOR CL Loans: Conservation or Forest Stewardship Management Plan		
CLP (Certified Lender) Submission Requirements	For Loans \$125,000 or Less	For Loans More Than \$125,000
Loan Narrative		
Balance Sheet		
Cash Flow Budget		
Location of Farmed Land		
Credit Report	In File	In File
Proposed Loan Agreement		In File
Verification of Debts over \$5,000		In File
Verification of Non-Farm & Other Income		In File
3 Years of Financial History		In File
3 Years of Production History		
If Applicable, include the information below:		
Entity Information (including a balance sheet for each member)		
Environmental Information		
Construction/Development Plans		In File
FOR CL Loans: Transition Plan		
FOR CL Loans: Conservation or Forest Stewardship Management Plan		