

FSA-2015
(XX-XX-25)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 1

VERIFICATION OF DEBTS AND ASSETS**PART A - GENERAL**

1. TO:	2. FROM:
3. Name and Address of Applicant	
4. The applicant has requested assistance from the U.S. Department of Agriculture and has indicated that a debt is owed or an asset is invested with your institution. The applicant authorized the release of information by executing the attached.	
5. This certifies that the U.S. Department of Agriculture, acting through the Farm Service Agency, has complied with the applicable provisions of Title XI, the Right to Financial Privacy Act of 1978 (Public Law 95-630), in seeking financial information regarding the applicant listed above.	
6A. Name	6B. Title
6C. Signature	6D. Date

PART B – VERIFICATION OF DEBTS

1. Type of debt			
A. Account number			
B. Date of origination			
C. Current principal balance			
D. Accrued interest			
E. Daily interest accrual			
F. Effective date of Items C and D			
G. Original loan amount/LOC ceiling			
H. Last date payment made			
I. Interest rate (indicate fixed or variable)	(%)	(%)	(%)
J. Installment amount			
K. Next Installment due date			
L. Amount past due			
M. Description of collateral			
N. Maturity date			
2. Applicant's repayment record is:	<input type="checkbox"/> Prompt	<input type="checkbox"/> Usually prompt	<input type="checkbox"/> Not prompt
			3. Number of years the applicant has conducted business with you.

PART B – VERIFICATION OF DEBTS (CONTINUED)

	YES	NO
4. Do your lien instruments contain a hereafter acquired clause?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your lien instruments contain a future advance clause?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will you extend additional credit?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will you extend additional credit with an FSA guarantee?	<input type="checkbox"/>	<input type="checkbox"/>

PART C – VERIFICATION OF ASSETS

1. Type of asset			
A. Account number			
B. Date of origination			
C. Balance			
D. Interest rate	(%)	(%)	(%)
E. Annuity amount			
F. Maturity date			

	YES	NO
2. Do you impose a penalty if the deposit or investment accounts described are withdrawn prior to maturity?	<input type="checkbox"/>	<input type="checkbox"/>

PART D - CERTIFICATION

1. Additional information:

2. Name of Institution's Representative	3. Title of Institution's Representative	
4. Signature	5. Date	6. Telephone Number

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 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.

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