

Position 3

NOTE: *Privacy Act Statement:* 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.

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 0560-0237. The time required to complete this information collection is estimated to average 20 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

1. I, (a) _____, hereby request the following be provided to the U.S. Department of Agriculture, Farm Service Agency (FSA) for use in processing my application for an Emergency Loan (EM) in the amount of (b) _____ to be used for (c) _____.

3. DATE

1. If the applicant is presently indebted, list debts owed.

[illegible]

2. Are you willing to continue your loans with the applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A. If "YES", under what conditions?			
B. If "NO", why not?			
3. Describe collateral for debt(s) as listed in Item B1:			
4. Has the applicant requested a loan from your lending institution to be used as specified in Part A? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", complete Items 4A through 4F.			
A. Amount \$	B. Interest Rate %	C. Terms	D. Date of Last Request
E. Purpose		F. Collateral Offered	
5. Was the applicant's request approved? <input type="checkbox"/> YES <input type="checkbox"/> NO			
A. Amount \$	B. If "NO", why not?		
6. If the applicant cannot qualify for your regular loans, are you willing to consider a loan with an FSA guarantee? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. Remarks			
PART C - ACKNOWLEDGMENT			
1. Name and Address of Lender		2. Title of Lender's Representative	
3. Signature of Lender's Representative		4. Date	