REQUEST FOR INTEREST ASSISTANCE PAYMENT

INSTRUCTIONS FOR PREPARATION

Purpose: Used by an FSA Guaranteed Lender to request periodic interest assistance payments for Guaranteed Farm Loans that have an Interest Assistance Agreement in effect.	
Handbook Reference: 2-FLP	**Number of Copies:** Original and one copy
Signatures Required: Lender and FSA Representative	
Distribution of Copies: Original to FSA and Lender to retain copy.	
Automation-Related Transactions: N/A	

Lenders must complete Items 1 through 13 and Items 16 through 22C.

Items 14, 15, and Items 23 through 25 are for FSA use only.

Items 1 through 13.

Fld Name / Item No.	Instruction
1A - 1C FSA Account Number	Item 1A. Enter the two-digit state code. Item 1B. Enter the three-digit county code. Item 1C. Enter the system generated borrower ID number.
2 Borrower's Name	Enter the borrower's last name, first name, then middle initial, in that order. You may abbreviate if space is insufficient.
3 Lender's Name	Enter the lender's name.
4 Lender's ID Number	Enter the ID number.
5 Branch Number	Enter the lender's FSA branch number. This number is assigned by FSA based on the number of the lender's branches that make and service FSA guaranteed loans.
6 FSA Loan	Enter FSA-assigned loan number. FSA guaranteed loans are numbered starting with loan 50 for the first one received by the borrower and

Fld Name / Item No.	Instruction
Number	consecutively thereafter, such as 51, 52, etc.
7 Original Loan Amount	Enter the original loan dollar amount.
8 Beginning Claim Period	Enter the beginning date of the current interest assistance period. (Example: The interest assistance closing date is 06-08-2007; initial request beginning date is 06-08-2007; subsequent requests will begin with the ending date on the previous request for payment.)
9 End Claim Period	Enter the ending date of the current interest assistance period. The ending date on this request equals the beginning date on the next request. **NOTE:** Interest assistance claims may only be submitted for a 12-month period unless it is the first or last claim. If the Loan Guarantee terminates, or a transfer and assumption occurs, the interest assistance should be claimed up to that date. In the case of assumptions to eligible transferees, the beginning date on the transferred loan is the assumption date; and the initial claim may be at any time with future claims at 12-month intervals, except as described above.
10 Principal Balance at End of Claim Period	Enter the principal dollar balance of the loan at the end of the claim period.
11 Average Daily Principal Balance During Claim Period	Enter the average daily principal dollar balance for the claim period. See subparagraph 228A of Handbook 2-FLP, "Guaranteed Loan Making and Servicing" for information on how to calculate Average Daily Principal Balance. **Contact FSA if you have questions about how the average daily principal balance is calculated.**
12 Interest Payable	Enter the interest assistance claim amount on the loan as of the date in Item 9. **NOTE: ALL INTEREST CALCULATIONS ON THIS FORM ARE BASED ON THE BORROWER'S EFFECTIVE INTEREST**

Fld Name / Item No.	Instruction
	RATE.
13 Final Payment	Indicate final payment by entering “Y” for "**YES**" if this is the last interest assistance (IA) payment due on the loan. Enter “N” for "**NO**" if it is not the last payment on the loan. **NOTE: IF “Y” IS ENTERED THE ASSISTANCE FUNDS FOR THE LIFE OF THE AGREEMENT ARE DEOBLIGATED.**

Items 14 and 15 are for FSA use only.

14 Payment Code	Enter the applicable code as follows: “1” if System Generated Payment. “2” if Manual Payment. (Finance Office Only) “3” if no payment issued. “4” if Refund is being issued. (Finance Office Only) “5” if EFT is being processed.
15 Date Manual Payment Issued	Enter the date the manual payment was issued.

Items 16 through 22C completed by lender.

16 Lender's Electronic Fund Transfer EFT Routing Number	Enter Lender's Electronic Fund Transfer (EFT) routing number.
17 Lender Deposit Account Number for	Enter the Lender's deposit account number for EFT.

Fld Name / Item No.	Instruction
EFT	
18 Type of Account	Check the type of account for deposit of funds by EFT.
19 Beginning Date	Enter the beginning date for the next interest assistance period. This should be the same as the ending date of the previous interest assistance period.
20 Ending Date	Enter the ending date of the next interest assistance period. This is exactly 12 months from the beginning date.
21 Percent of Assistance Requested Next Period	Enter 4 percent or zero, as appropriate, based on whether the borrower is eligible for interest assistance or not.

Item 22. Lender must read and understand this statement before signing the form.

22A Authorized Lender's Signature	Enter the signature of the authorized lender's representative.
22B Title	Enter the title of the person who signed in Item 22A.
22C Date	Enter the date the lender's authorized representative signed the form.

Items 23 through 25 are for FSA use only.

23 Percent of Interest Assistance Approved for Next Period	Enter 4 percent or zero.
24A Authorized FSA Official	Enter the authorized FSA official's signature.

Signature	
Fld Name / Item No.	**Instruction**
24B Name and Title	Print the name and title of the authorized FSA official.
24C Date	Enter the date that the authorized FSA official signed the form.
25 FSA Servicing Office Name, Address, and Telephone Number	Enter the FSA Servicing Office name, address, and telephone number.