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(See page 3 for Privacy Act and Public Burden Statements.)

FSA-2309
(XX-XX-XX)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

CERTIFICATION OF DISASTER LOSSES

1. NAME	2. DISASTER NUMBER	3. CROP YEAR	4. DATE(S) AND NATURE OF DISASTER

5. CROP PRODUCTION FOR THE DISASTER YEAR AND 3 PRECEDING YEARS:

A. Crops (List total acres and yields per acre of all crops)	B. Units (tons, bushels, pounds)	DISASTER YEAR C. Acres	DISASTER YEAR D. Yield per Acre	E. PREVIOUS 3 YEAR ACTUAL PRODUCTION AND SOURCE CODE * (1) Year: Yield per Acre and Source Code	(2) Year: Yield per Acre and Source Code	(3) Year: Yield per Acre and Source Code	FOR FSA USE ONLY F. APH Insured Yield per Acre	G. Normal Year Yield
(1) CASH CROPS:								
(2) FEED CROPS:								
(3) OTHER (i.e., pasture)								

*Source Codes: "1" Owner's Records "2" FSA Program Yield "3" County/State Average

6. **APPLICANT'S IDENTIFICATION OF A SINGLE ENTERPRISE SUFFERING DISASTER LOSSES:**
The single farming enterprise which is *does normally generate sufficient income to be considered essential to the success of my total farming operations.*

7. **PHYSICAL LOSSES OR DAMAGES TO PROPERTY:** *Describe below the damages and losses to property other than growing crops. Provide the estimated dollar value of losses suffered and attach actual estimate for repair or replacement of the damaged property. NOTE: Physical losses are limited to property in which the applicant has an ownership interest.*

A(1) Dwelling(s):	Estimated dollar value of losses A(2) $
B(1) Household furnishings, equipment and personal effects *(Specify Type):*	Estimated dollar value of losses B(2) $
C(1) Farming buildings *(Specify Type):*	Estimated dollar value of losses C(2) $
D(1) Farm machinery and equipment *(Specify make, model and year):*	Estimated dollar value of losses D(2) $
E(1) Supplies, harvested or stored crops and livestock products *(Specify Type):*	Estimated dollar value of losses E(2) $
F(1) Livestock and poultry *(Specify type and number):*	Estimated dollar value of losses F(2) **$**
G(1) Aquatic organisms *(Specify type and number):*	Estimated dollar value of losses G(2) **$**
H(1) Perennial crops *(Specify type and number):*	Estimated dollar value of losses H(2) **$**
I(1) Other farm property, e.g., fences, land damage, debris removal *(Specify Type):*	Estimated dollar value of losses I(2) **$**
8. TOTAL PHYSICAL LOSSES:	**$**

9. REMARKS:

10. **INSURANCE AND OTHER COMPENSATION:** Itemize in detail all insurance claims and settlements, and all other compensation, e.g., FSA disaster program payments and benefits, and FCIC settlements, received or to be received for losses incurred by the disaster.

A. SOURCE	B. CROP OR PROPERTY	C. DOLLAR AMOUNT

		$
		$
		$
		$
		$
		$
		$
	D. TOTAL INSURANCE AND OTHER COMPENSATION:	**$**

11. **FARM INFORMATION:** List the FSA farm number, county where farm is located, name of farm operator as reflected by FSA records, and the percentage of ownership you have in the crops produced on each farm.

A. FSA Farm Number	B. County Farm is Located	C. Name of Farm Operator as Reflected by FSA Records	**D.** Operator's Share of Crops	E. FOR FSA USE ONLY *(For Remarks)*
			%	
			%	
			%	
			%	
			%	
			%	
			%	
			%	
			%	

12. ***I certify that the information 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.***

13A. Signature	13B. Date

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 applicant/borrower ability to participate in and receive benefits under an FSA Loan Program. 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 determination that the applicant/borrower is unable to participate in and receive benefits under an FSA Loan Program.*

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