

CERTIFICATION OF DISASTER LOSSES
INSTRUCTIONS FOR PREPARATION

Purpose: This form is used to obtain information from applicants for EM loans pertaining to their claimed losses caused by a designated disaster.	
Handbook Reference: 3-FLP	Number of Copies: Original
Signatures Required: Applicant	
Distribution of Copies: Original to case file.	
Automation-Related Transactions: FBP	

Applicants must complete Items 1 and 4, Items 5A through 5E, Items 6 through 11D, and Items 12A and 12B.

FSA completes Items 2, 3, 5F, 5G and 11E.

Item 1 completed by the applicant.

Fld Name/ Item No.	Instruction
1 Name	Enter applicant's name.

Items 2 and 3 are completed by FSA.

2 Disaster Number	Enter the disaster designation number assigned to the disaster that caused the applicant's actual loss.
3 Crop Year	Enter the year that the disaster occurred.

Fld Name/ Item No.	Instruction
<i>Items 4 through 5E are completed by the applicant.</i>	
4 Date(s) and Nature of Disaster	Enter the date(s) and nature of the designated disaster.
5A(1) Crop Production	List cash crops.
5A(2) Crop Production	List feed crops.
5A(3) Crop Production	List other crops (i.e. pasture).
5(B) Units	Enter the unit of crop production, i.e. tons, bushels, or lbs.
5(C) Acres	Enter the number of acres for the crops listed in Item 5A.
5(D) Yield	Enter the yield per acre for the crops listed in Item 5A.
5(E) 3 Year Actual Production and Source Code	Enter the year (i.e. (1) Year <u>2004</u> , (2) Year <u>2005</u> and (3) Year <u>2006</u>) and the yield per acre and source code for each of the 3 years.

Fld Name/ Item No.	Instruction
<i>Items 5F through 5G are for FSA use only.</i>	
5(F) APH Insured Yield per Acre	When crops are covered by insurance or NAP and the Risk Management Corp Insurance Report or the CCC-452 is available use APH for the entire crop.
5(G) Normal Year Yield	When not covered by insurance use the applicant's actual reliable records for the 3 years immediately before the disaster year to average for the normal year yield. See 3-FLP Par.244 when 3 years records not available.

Items 6 through 11D are completed by the applicant.

6 Enterprise	Enter the single farming enterprise that suffered disaster losses and is essential to the success of the total farming operation.
7A(1) Dwelling(s)	Enter a description of the damages and losses to the property. (Attach actual estimate for repair or replacement of the damaged property.)
7A(2) Dollar Value	Enter estimated dollar value of losses for dwelling(s).
7B(1) Household Furnishings, Equipment, Personal Effects	Enter a description of the damages and losses to the property. (Attach actual estimate for repair or replacement of the damaged property.)
7B(2) Dollar Value	Enter estimated dollar value of losses for household furnishings, equipment and personal effects.

Fld Name/ Item No.	Instruction
7C(1) Farm Buildings	Enter the description of the damages and losses to the farming building(s). (Specify the type of building and attach estimates for the repair or replacement of the damaged building(s).)
7C(2) Dollar Value	Enter the estimated dollar value of the losses for the buildings.
7D(1) Farm Machinery/ Equipment	Enter the description of the damages and losses to farm machinery. (Specify the make, model and year and attach actual estimate for repair or replacement of the damaged machinery and equipment.)
7D(2) Dollar Value	Enter the estimated dollar value of the losses for the farm machinery and equipment.
7E(1) Supplies, Stored Crops and Livestock Products	Enter the description of the damages and losses to supplies, harvested or stored crops, and livestock products.
7E(2) Dollar Value	Enter the estimated dollar value of the losses for supplies, harvested or stored crops, and livestock products.
7F(1) Livestock and Poultry	Enter the description of the damages and losses to livestock and poultry. (Specify the type and number damaged or destroyed.)
7F(2) Dollar Value	Enter the estimated dollar value of the losses to livestock and poultry.
7G(1) Aquatic Organisms	Enter the description of the damage and losses to aquatic organisms. (Specify the type and number damaged or destroyed.)
7G(2) Dollar Value	Enter the estimated dollar value of the losses to aquatic organisms.
7H(1) Perennial Crops	Enter the description of damage and losses to perennial crops. (Specify the types and number.)

Fld Name/ Item No.	<i>Instruction</i>
7H(2) Dollar Value	Enter the estimated dollar value of the losses to perennial crops. (Include the cost to clear debris, prepare the land for replanting, and to reestablish the crop.)
7 I(1) Other Farm Property	Enter the description of damage and losses to other farm property, e.g., fences, land damage, debris removal.
7 I(2) Dollar Value	Enter the estimated dollar value of the losses to other farm property.
8 Total Physical Losses	Enter the total dollar amount of claimed physical losses.
9 Remarks	Use this space to add any additional information.
10(A) Source	List the source of any claims or settlements, such as insurance claims and settlements, or any other compensation such as disaster program payments or FCIC settlements received or to be received for losses incurred by the disaster.
10(B) Crop or Property	Enter the crop or property for which the payment was received.
10(C) Dollar Amount	Enter the dollar amount received for the losses incurred by the disaster.
10(D) Total Insurance and Other Compensation	Enter the sum total of all entries in Column C.
11(A) Farm Number	List the FSA Farm Number.

Fld Name/ Item No.	<i>Instruction</i>
11(B) Farm Location	Enter the County where farm is located.
11(C) Name of Farm Operator	Enter the name of farm operator as reflected in FSA records.
11(D) Operator's Share	Enter the operator's percentage of ownership in the crops produced on each farm.
<i>Item 11E is for FSA use only.</i>	
11(E) Remarks	Enter remarks for items listed in 11A through 11D.

Item 12 will be read by the applicant before signing and dating Items 13A and 13B.

Items 13A and 13B are completed by the applicant.

13A Signature	Enter the applicant's signature.
13B Date	Enter the date the applicant signed the form.