

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 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.

PART A - APPLICANT'S REQUEST

3. DATE

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

[illegible]

2. Are you willing to continue your loans with the applicant? ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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	

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