

FSA-2001
(Proposal 12)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

REQUEST FOR DIRECT LOAN ASSISTANCE

Instructions: All applicants must complete Part A. Individual applicants complete Parts B, D and E. Two or more persons applying jointly, including married persons, are considered an entity. Entities must complete Parts C, D and E. Non-citizens and qualified aliens must provide appropriate documentation. *Race, ethnicity, and gender information is requested by the Federal Government to monitor FSA's compliance with Federal laws prohibiting discrimination against applicants. Applicants are not required to furnish this information, but are encouraged to do so. Failure to provide this information may result in not receiving targeted funds for which the applicant may be eligible. One or more boxes may be selected for race. This information will not be used to evaluate the application. FSA is required to note race, ethnicity and gender on the basis of observer identification.

PART A - APPLICANT

1. Exact Full Legal Name	2. Address	3. Contact Numbers
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PART B - INDIVIDUAL APPLICANT INFORMATION

1. Social Security Number	2. Birth Date	3. County of Residence
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4. Name and Address of Employer Telephone Number:	5. Annual Income \$	7. Veteran Status Yes <input type="checkbox"/> Dates: _____ Branch: _____
	6. Number of Household Members	No <input type="checkbox"/>

8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	9. Citizenship <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien	*10. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	*11. Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	*12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	13. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed
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NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, to courts or adjudicative bodies or to state-certified or state licensed appraisers. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.

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 0560-0764. The time required to complete this information collection is estimated to average 33 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Initials: _____ Date: _____

PART C - ENTITY AND ENTITY MEMBER INFORMATION

Instructions: Two or more persons, including married persons, who are applying jointly and do not have an entity name or Tax ID Number, will be considered a joint operation. Informal entities may leave Items 2 through 4 blank, if not applicable. Complete Items 5A through 5J for each entity member. Items 5K through 5M are voluntary. The entity must provide any organizational and operational documents, any evidence of current registration with relevant State regulatory agencies, a duly adopted resolution to apply for and obtain financing, if required, and balance sheet not more than 90 days old for the entity and each entity member (if there are no individually owned assets, husband and wife joint operations may submit one consolidated balance sheet).

NOTE: Individual liability will be required regardless of the entity type. Please indicate by signing in Item 50 that you have read the statements and certifications on Pages 4 and 5.

1. Entity Type <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Operation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust	2. State of Registration 3. Registration Number	4. Tax Identification Number
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5A. Entity Member Exact Full Legal Name	5B. Social Security Number	5C. Address	
5D. Contact Numbers			

5E. Birth Date	5F. Percent of Ownership %	5I. Citizenship <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien	5J. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
5G. Principal Occupation	5H. Annual Income \$		

*5K. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	*5L. Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	*5M. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*5N. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed
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5O. Signature	5P. Date
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5A. Entity Member Exact Full Legal Name	5B. Social Security Number	5C. Address	
5D. Contact Numbers			

5E. Birth Date	5F. Percent of Ownership %	5I. Citizenship <input type="checkbox"/> Citizen <input type="checkbox"/> Non-citizen <input type="checkbox"/> Qualified Alien	5J. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
5G. Principal Occupation	5H. Annual Income \$		

*5K. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	*5L. Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	*5M. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*5N. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed
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*5K. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	*5L. Race <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	*5M. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*5N. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed
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5O. Signature	5P. Date
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Initials: _____ Date: _____