

FSA-2330
(05-05-16)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

REQUEST FOR MICROLOAN ASSISTANCE

INSTRUCTIONS: FSA suggests applicants use the available corresponding instructions for the proper completion of this form. Assistance is available to you from your local FSA office for any part of the application process. FSA can help you complete the requested forms, explain what information is necessary, and answer any questions you may have.

Farm Loan Teams located at USDA Service Centers or FSA County Offices are responsible for all direct loan applications. You can find the address and telephone number of the nearest Farm Loan Team serving the County where you plan to farm from the Internet at <http://tinyurl.com/7syle36>.

The Federal Government requests race, ethnicity and gender information to monitor FSA's compliance with Federal laws prohibiting discrimination against applicants. This information is not used to evaluate an application. Applicants are encouraged to furnish this information yet are not required to do so. Targeted funding may not be received if an applicant is eligible for targeted funding and does not voluntarily provide this information. FSA is required to note race, ethnicity, and gender based on observer identification if it is not furnished.

IMPORTANT NOTICE

Within 10 calendars days of the date FSA receives your application, FSA will send you a letter that will tell you if your application is complete, or additional information is needed to complete your loan application. If you do not receive this letter within 10 days of the submission of your application, please contact your local FSA office.

APPLICANT IDENTIFICATION

The loan application must be submitted in the name of the **ACTUAL OPERATOR** of the farm or ranch. This information is entered by all applicants in "Part A – Applicant."

INDIVIDUAL APPLICANTS: (Note: Credit report fee of \$16.00 is required for individual applicants; checks are made payable to the *Farm Service Agency*)

- "Part B – Individual Applicant Information" is completed by applicants who are:
 - Individual, Not Married, Not Operating as a Legal Entity.
 - Married Couple, One Spouse Applying

ENTITY APPLICANTS: (Note: Credit report fee of \$24.50 is required for married couples filing jointly. Entity applicants must remit \$50.00 for a commercial credit report plus \$16.00 for each individual entity member. Checks are made payable to the *Farm Service Agency*)

- "Part C – Entity Applicant Information" is information about a legal entity. Two or more persons operating together and **not a legal entity** will identify themselves as a "Joint Operation" in Part C, Item 1, "Entity Type". For all entity types and all operating entities, each individual entity member must complete "Part E – Individual Entity Member Information." Each page may be reproduced as necessary if there are multiple embedded entities or the number of entity members exceeds the available space.
- Entity applicants are defined as:
 - Individual, Operating as a Legal Entity – Select applicable entity type
 - Married Couple, Applying Jointly, Not a Legal Entity
 - Joint Operation, Two or More Persons, Not Married, Not a Legal Entity
 - Entity Applicant

NOTE: Entity Applicants are required to provide supporting documentation such as, and not necessarily limited to, Articles of Incorporation; Articles of Organization; Certificate of Limited Partnership; Formal Partnership Agreement; By-Laws and Operational Authorities of all shareholders, members and owners to verify the legal status of the entity, the authority of the shareholders, members or owners, and the composition of the entity structure(s). Two or more persons operating together without formally written organizational documents will designate themselves as a joint operation and complete Part C.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

FSA-2330
 (05-05-16)

U.S. DEPARTMENT OF AGRICULTURE
 Farm Service Agency

Position 3

REQUEST FOR MICROLOAN ASSISTANCE

Instructions: All applicants must complete Part A. Individual applicants complete Parts B, D, F and G. Two or more persons applying jointly, including married persons, are considered an entity. Entities must complete Parts C, D, F and G. Entity members must use the sheets provided on Part E. Non-citizen nationals and qualified aliens must provide appropriate documentation under Federal immigration law. *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 if you do not furnish it.

PART A – APPLICANT

1. Exact Full Legal Name Jane Doe Borrower	2. Address 4923 US HIGHWAY 20 BURNS, OR 97720	3. Contact Information:
		A. Home Telephone No. (Include Area Code) 541-889-5309
		B. Cell Telephone No. (Include Area Code) 208-867-5309
		C. E-Mail Address JANE@DOE.COM

PART B – INDIVIDUAL APPLICANT INFORMATION

1. Social Security Number (9 digit No.) 123-45-6789	2. Date of Birth 12/26/2991	3. County of Operation Headquarters Harney
4. Veteran Status <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Married, Applying as Individual	6. Applicant Is: <input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> *Non-Citizen National <input type="checkbox"/> *Resident Alien (I-551) <input type="checkbox"/> *Refugee or Other *NOTE: Applicant will be asked to provide I-551 and/or other proper documentation of immigration status as found under PRWORA (8 U.S.C. 1641).

*7. Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	*8. Race <input checked="" type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	*9. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	10. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed
NOTE: More than one box may be selected.			
PROCEED TO PART D			

PART C – ENTITY APPLICANT INFORMATION

NOTE: Individual liability will be required regardless of the entity type. Informal entities may leave Items 2 through 4 blank, if not applicable. By signing in Part E you certify that you have read and understand the statements and certifications on Pages 4 through 6. Balance Sheet provided in Part E for entity member use.

1. Entity Type <input type="checkbox"/> Cooperative <input type="checkbox"/> S Corp <input type="checkbox"/> Formal Partnership <input type="checkbox"/> Joint Operation (Including married filing together) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> C Corp <input type="checkbox"/> Life Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Other (specify): _____			
2. State of Registration	3. Registration Number		
4. Tax Identification Number (9 Digit No.)	5. Exact Full Legal Name of Primary Entity Contact		
6. Does Entity Contain Embedded Entity? <input type="checkbox"/> YES, (Complete Items 7, 8, and 9 for each entity) (Proceed to Part D) <input type="checkbox"/> NO, (Proceed to Part D)	7. List all Embedded Entities		
8. Percentage of Interest %	9. Number of Entity Members		

Initials: _____ Date: _____

**PART D – FINANCIAL STATEMENTS FOR INDIVIDUAL OR ENTITY APPLICANT
PROJECTED ANNUAL INCOME AND EXPENSES**

1. INCOME:	
A. DESCRIPTION (Include income from crops and livestock):	B. \$ Amount
Crop(s): Alfalfa Hay	
Alfalfa Sales (23 acres @ 5 ton/ac @ \$140/ton = 115 tons produced, 30 to be kept for farm use)	11,900
Livestock: Cattle Sales	
1 Cull Cow (1100 LBS @ \$.65/LB)	715
5 Weaner Steers (550 LBS @ 1.45/LB)	3,987.50
3 Weaner Heifers (500 LBS @ 1.40/LB) (4 born in 2021, 1 kept as replacement)	2,100
2. Total Annual Farm Income:	18,702.50
3. EXPENSES:	
A. DESCRIPTION:	B. \$ Amount
Rent	9,600
Vet (\$108/HD, see attached justification)	1,080
Misc. Exp. - (Gas @ \$1000, Insurance @ \$500, repairs @ \$1500, other expenses @ \$500)	3,500
4. Total Annual Farm Expenses:	14,180
5. Net Farm Income (Subtract Item 4 from Item 2):	4,522.50
6. Total Annual Non-Farm Income:	20,000
7. Total Annual Family Living Expenses:	20,000
8. Net Non-Farm Income (Subtract Item 7 from Item 6):	0
9. Net Total Annual Income (Add Item 5 to Item 8):	4,522.50

ASSETS AND DEBTS (Farm and Non-Farm) as of: 08/30/2021

10. ASSETS:		12. DEBTS:		
A. DESCRIPTION	B. \$ VALUE	A. CREDITOR	B. \$ PAYMENT	C. \$ BALANCE
Pickup	10,000	OneMain Fin.	260/MO	6,315
UTV	9,000	UPSTART	109/MO	8,204
Cash in Bank (Statement Attached)	3,000			
11. TOTAL ASSETS:	22,000	13. TOTAL DEBTS:		14,519
		14. Total Assets from Item 11:		22,000
		15. Total Debts from Item 13: (-)		14,519
		16. Net Worth (Subtract Item 15 from Item 14):		7,481

INDIVIDUAL APPLICANTS – PROCEED TO PART F

ENTITY APPLICANTS – PROCEED TO PART E

Initials: _____ Date: _____

PART E – INDIVIDUAL 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. In Part C, married persons applying jointly check the "Joint Operation" box. Complete Items 1A through 1I for each entity member. *Items 1K through 1M are voluntary. Provide balance sheet information for each entity member. Signature and Date blocks below must be completed for all entity members. Use separate Part E pages for each entity member.

NOTE: Individual liability will be required regardless of the entity type. By signing below in Item 9 you certify that you have read and understand the statements and certifications on Pages 4 through 6

1A. Exact Full Legal Name of Entity Member		1B. Social Security No. (9 Digit No.)		1C. Birth Date (MM-DD-YYYY)	
1D. Address		1E. Contact Numbers		1F. Percent of Ownership %	
		1G. Email Address		1H. Annual Non-Farm Income \$	
1I. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced	1J. Applicant Is: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> *Non-citizen National <input type="checkbox"/> *Resident Alien (I-551) <input type="checkbox"/> *Refugee or Other *NOTE: Applicant will be asked to provide I-551 and/ or other proper documentation of immigration status as found under PRWORA (8 U.S.C. 1641).	*1K. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	*1L. Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White NOTE: More than one box may be selected.	*1M. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	1N. Veteran Status <input type="checkbox"/> YES <input type="checkbox"/> NO
10. FSA Use Only <input type="checkbox"/> Provided <input type="checkbox"/> Observed					

Complete balance sheet below for entity member listed above in Item 1A. ASSETS AND DEBTS (Farm and Non-Farm) as of: [Enter Date]

2. ASSETS:		4. DEBTS:		
A. DESCRIPTION	B. \$ VALUE	A. CREDITOR	B. \$ PAYMENT	C. \$ BALANCE
<div style="background-color: yellow; padding: 10px; border: 1px solid black; display: inline-block;"> Term debt pmts; One m - 3120 UTV - 1308 FSA pmt - 1913 \$ 6,341 / year </div>				
3. TOTAL ASSETS:				
		from Item 3:		
		m Item 5: (-)		
		from Item 6):		

9. Signature	10. Date
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PROCEED TO PART F

Initials: _____ Date: _____

PART F – GENERAL INFORMATION

<p>1. Counties Being Farmed HARNEY</p>	<p>2. Acres Owned 0</p>	<p>3. Acres Rented 48</p>
<p>4A. Purpose of Loan PURCHASE 10 BRED HEIFERS (@ \$1,250/HD)</p>	<p>4B. Amount Requested \$ 12,500</p>	
<p>5. Describe your existing or planned operation, including a description of your existing or planned production: I would like to purchase 10 bred heifers to run a small cow/calf operation in Harney county.</p>		
<p>6. If not provided previously, describe fully all your farm training (include any applicable education such as animal husbandry, record-keeping, financial analysis, crop production, extension or other seminars, workshops, internships, or mentorships) and experience (include all past and present types of operations, duties and responsibilities). Include number of years farming, if you have ever operated farm. If you have or have had any involvement or membership with any agriculture-related organization (such as 4-H, FFA, National or State Grange organization, or an established community/urban farm initiative), please include details on how this experience will contribute to your operation. If you are working with a mentor for your operation, provide their full name, and describe the process of how this working relationship will provide the skills and knowledge you need to be successful in your farm operation. If you need additional space, use sheets of paper the same size as this page and write applicant's name on each individual sheet.</p> <p>EXPLAIN EXPERIENCE HERE. INCLUDE ALL TRAINING, ON THE JOB TRAINING AND EXPEREIENCE, AND ANY RELATED SCHOOLING.</p>		

PART G – NOTIFICATIONS, CERTIFICATIONS AND ACKNOWLEDGMENT

	YES	NO
1. Are you currently or have you ever, and in the case of an entity any member of the entity, conducted business under any other name? <i>If "YES," list names in Item 8.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you ever, or in the case of an entity any member of the entity, obtained a direct or guaranteed farm loan from FSA or Farmers Home Administration?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. If Item 2 is "YES," did you receive any debt forgiveness through write-down, write-off, compromise, adjustment, reduction, charge-off, paying a loss on a guarantee, or bankruptcy? <i>If "YES," provide details in Item 8.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you, or in the case of an entity any member of the entity, delinquent on any Federal debt or have any outstanding Federal judgments? <i>If "YES," provide details in Item 8.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you, or in the case of an entity any member of the entity, involved in any pending litigation? <i>If "YES," provide details in Item 8.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you, or in the case of an entity any member of the entity, ever been in receivership, discharged in bankruptcy, or filed a petition for reorganization in bankruptcy? <i>If "YES," provide details in Item 8.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are you, or in the case of an entity any member of the entity, an FSA employee or related to or closely associated with an FSA employee? <i>If "YES," provide details in Item 8.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>8. Additional answers. Write the Item number to which each answer applies. If you need additional space, use sheets of paper the same size as this page and write the applicant's name on each additional sheet.</p> <p>NOTE - QUESTION 1 IS ASKING, HAVE YOU EVER BEEN A PART OF A COMPANY THAT HAS REGISTERED WITH THE OREGON SECRETARY OF STATE, OR ARE OPERATING UNDER A DBA? INCLUDE ALL DBA'S, LLC, CORPORATIONS, OR SOLE PROPRIETORSHIPS YOU ARE INVOLVED WITH.</p>		

Initials: _____

Date: _____

9. SPECIAL PROGRAM INFORMATION:

Certain FSA programs are, by law, designed to reach targeted applicants. If you are interested in any of the programs described here, or have questions about these programs and whether you may qualify for a specific program, the FSA office processing your application will help you.

- A. SOCIALLY DISADVANTAGED APPLICANTS:** A portion of FSA farm ownership, operating, and conservation loan funds are, by law, targeted to applicants who have been subjected to racial, ethnic or gender prejudice because of their identity as a member of a group, without regard to individual qualities. Under the applicable law, groups meeting this condition are: American Indians/Alaskan Natives, Asians, Blacks or African Americans, Native Hawaiians/Other Pacific Islanders, Hispanics and women. In addition, FSA has a down payment program, which receives special funding.
- B. BEGINNING FARMER ASSISTANCE:** FSA has the authority to assist beginning farmers through the farm ownership, operating, and conservation loan programs. A portion of FSA farm ownership, operating, and conservation loan funds are, by law, targeted to beginning farmers. In addition, FSA has a down payment program, which receives special funding. In some States, FSA has agreements with State beginning farmer programs to help meet the credit needs of beginning farmers.
- C. LIMITED RESOURCE LOANS:** Limited resource farm ownership and operating loans are available to qualified applicants. This program provides loans at reduced interest rates to low-income farmers whose operations and resources are so limited that they cannot pay the regular rates for FSA loans. The program is also intended to provide beginning farmers the opportunity to start a successful farming operation.

10. RIGHTS AND POLICIES:

- A. RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (Public Law 95-630):** FSA has a right of access to financial records held by financial institutions in connection with providing assistance to you as well as collecting on loans made to you or guaranteed by the Government. Financial records involving your transaction will be available to FSA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required by law.
- B. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT:** Prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.
- C. FEDERAL COLLECTION POLICIES:** Delinquencies, defaults, foreclosures and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The mortgage lender in this transaction, its agents and assigns as well as the Federal Government, its agencies, agents and assigns, are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgaged loan described in the attached application: (1) Report your name and account information to a credit bureau; (2) Assess additional interest and penalty charges for the period of time that payment is not made; (3) Assess charges to cover additional administrative costs incurred by the Government to service your account; (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency or mortgage servicing agency to collect the amount due, foreclose the mortgage, sell the property and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice for litigation; (7) If you are a current or retired Federal employee, take action to offset your salary, or civil service retirement benefits; (8) Refer your debt to the Department of the Treasury for cross-servicing and offset against any amount owed to you by any Federal Agency such as an income tax refund; and (9) Report any resulting written-off debt to the Internal Revenue Service as taxable income. All of these actions can and will be used to recover debts owed to the Federal Government when in its best interests.

11. RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES:**A. The applicant:**

- (1) Certifies that if any funds, by or on behalf of the applicant, have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, or loan, the applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (2) Shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including contracts, subcontracts, and subgrants, under grants and loans) and that all subrecipients shall certify and disclose accordingly.

Initials: _____

Date: _____

RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES: (CONTINUED)

B. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this statement is a prerequisite for making or entering into this transaction. Any person who fails to file the required statement shall be subject to a civil penalty imposed by 31 U.S.C. 1352.

12. CONTROLLED SUBSTANCES:

The applicant certifies that as an individual, or any member of an entity applicant, has not been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the previous 5 crop years. See the Food Security Act of 1985 (Public Law 99-198). The applicant also certifies that as an individual, or any member of an entity applicant, is not ineligible for Federal benefits based on a conviction for the distribution of controlled substances or any offense involving the possession of a controlled substance under 21 U.S.C. § 862.

13. DISQUALIFICATION DUE TO FEDERAL CROP INSURANCE FRAUD:

The applicant certifies that as an individual or any member of the entity, has not been disqualified for Federal benefits as provided in Section 515(h) of the Federal Crop Insurance Act (FCIA). Applicants who willfully and intentionally provide false or inaccurate information to the Federal Crop Insurance Corporation (FCIC) or to an approved insurance provider with respect to a policy or plan of FCIC insurance, after notice and an opportunity for a hearing on the record, will be subject to one or more of the sanctions described in Section 515(h)(3) of FCIA.

14. TEST FOR CREDIT:

The applicant certifies that the needed credit, with or without a loan guarantee, cannot be obtained by (1) the individual applicant; (2) in the case of an entity, considering all assets owned by the entity and all of the individual members.

15. PERMISSION TO FILE FINANCING STATEMENT, ORDER A CREDIT REPORT, AND VERIFY CREDIT INFORMATION:

Under the Uniform Commercial Code, you do not have to sign the financing statement which allows FSA to obtain a security interest in your property. If the loan is approved and funded, FSA will file a financing statement at the earliest possible date, before you enter into a **SECURITY AGREEMENT**. **BY SIGNING BELOW OR PART E, I GIVE FSA PERMISSION TO FILE A FINANCING STATEMENT PRIOR TO THE EXECUTION OF THE SECURITY AGREEMENT AS WELL AS TO FILE AMENDMENTS AND CONTINUATIONS OF THE FINANCING STATEMENT THEREAFTER. I FURTHER AUTHORIZE FSA TO ORDER A CREDIT REPORT AND VERIFY ANY OTHER CREDIT INFORMATION.**

16. CERTIFICATION:

I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith to obtain a loan. (WARNING: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements to the Government. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action).

17A. Signature of Individual Applicant, Spouse or Entity Member	17B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	17C. Date Signed (MM-DD-YYYY)
18A. Signature of Individual Applicant, Spouse or Entity Member	18B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	18C. Date Signed (MM-DD-YYYY)
19A. Signature of Individual Applicant, Spouse or Entity Member	19B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	19C. Date Signed (MM-DD-YYYY)
20A. Signature of Individual Applicant, Spouse or Entity Member	20B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	20C. Date Signed (MM-DD-YYYY)
21A. Signature of Individual Applicant, Spouse or Entity Member	21B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	21C. Date Signed (MM-DD-YYYY)

PART H- FSA USE ONLY

1. Date Form FSA-2330 Received		2. Date Application Complete	
3. Credit Report Fee \$	4. Date Received	5. Name of Agency Official	

NOTE: The following is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 761, 7 CFR Part 764, and the Consolidated Farm and Rural Development Act (Pub. L. 87-128). The information will be used to determine applicant or entity eligibility for microloan assistance. 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 of applicant or entity ineligibility for microloan assistance.

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 0560-0237. The time required to complete this information collection is estimated to average 90 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.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

FSA-2002
(08-20-14)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

THREE-YEAR FINANCIAL HISTORY

1. Name

JANE DOE BORROWER

FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.

A. OPERATING INCOME

	20 <u>20</u>	20 <u>19</u>	20 <u>18</u>
1. Crop Sales			
2. Livestock & Poultry Sales			
3. Dairy Livestock Sales			
4. Milk Sales			
5. Livestock Product Sales			
6. Ag. Program Payments			
7. Crop Insurance Proceeds			
8. Custom Hire Income			
9. Other Income			
10. TOTAL OPERATING INCOME			

B. OPERATING EXPENSES

1. Car and Truck			
2. Chemicals			
3. Conservation			
4. Custom Hire			
5. Depreciation			
6. Feed Supplement			
7. Feed, Grain and Roughage			
8. Fertilizers and Lime			
9. Freight and Trucking			
10. Gas/Fuel/Oil			
11. Insurance			
12. Labor Hired			
13. Rent - Machinery/Equipment/Vehicle			
14. Rent - Land/Animals			
15. Repairs and Maintenance			
16. Seeds and Plants			
17. Supplies			
18. Taxes - Real Estate			
19. Utilities			
20. Veterinary/Breeding/Medicine			
21. Purchases for Resale			
22. Other Expenses			
23. Other - Irrigation			
24. Interest			
25. TOTAL OPERATING EXPENSES			

Owner w/D
is most important
for new borrowers.
Expenses, if any, can
be pulled from taxes.
(Schedule F)

The U.S. Department of Agriculture (USDA) prohibits discrimination against its employees, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

C. NON-OPERATING

	20 <u>20</u>	20 <u>19</u>	20 <u>18</u>
1. Owner Withdrawal (Total Family Living Expenses and Non-Farm Debt Payments)	20,000	20,000	20,000
2. Income Taxes			
3. Non-Farm Income	20,000	20,000	20,000
4. Non-Farm Expense			

D. FINANCING

1. Term Principal Payment			
2. Operating Loan Advance			
3. Term Loan Advance			
4. Operating Loan Payment			

E. CAPITAL

1. Capital Sales			
2. Capital Contributions			
3. Capital Expenditures			
4. Capital Withdrawals			

F. SIGNATURE

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.)

1. Signature	2. Date
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NOTE: 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 eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. 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 denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

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 0560-0327. The time required to complete this information collection is estimated to average 45 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.

FSA-2003
(03-31-10)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

THREE-YEAR PRODUCTION HISTORY

1. Name
JANE DOE BORROWER

FORM IS NOT REQUIRED. Applicant may submit alternate documents that provide the information collected on this form.

A. DAIRY PRODUCTION

1. DAIRY COWS	20 <u>20</u>	20 <u>19</u>	20 <u>18</u>
a. Herd Number			
b. Lbs. of Milk Sold			
c. Average Production Per Cow			
d. Calves Sold			
e. Calves Average Sale Weight			
f. Number of Cows Culled			

B. LIVESTOCK AND POULTRY PRODUCTION

1 Livestock Type: <u>Cull Cow</u>			
a. Units Raised			
b. Units Purchased			
c. Total Units			
d. Units Sold			
e. Death Loss			
f. Purchase Weight			
g. Sales Weight			
2 Livestock Type: <u>Heifer</u>			
a. Units Raised			
b. Units Purchased			
c. Total Units			
d. Units Sold			
e. Death Loss			
f. Purchase Weight			
g. Sales Weight			
3 Livestock Type: <u>Steer</u>			
a. Units Raised			
b. Units Purchased			
c. Total Units			
d. Units Sold			
e. Death Loss			
f. Purchase Weight			
g. Sales Weight			

-Break down historical information by cull cow or bull, Heifer, Steer, feeder, or calves. Be specific, it helps FSA build projections for the request.

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552) and the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1621-1626), regarding the collection, use, and dissemination of information for the purpose of providing loans and loan guarantees, and servicing of loans and loan guarantees. The information collected is for the use of the Farm Service Agency, and is not to be disseminated to any other agency, Tribal agency, or nongovernmental entity that has the applicable Routine Uses identified in the System of Records Notice for USDA. However, failure to furnish the requested information may result in a denial for the loan. The provisions of the Privacy Act do not apply to the collection, use, and dissemination of information for the purpose of providing loans and loan guarantees, and servicing of loans and loan guarantees.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or collect information unless it displays a valid OMB control number. The valid OMB control number for this collection is estimated to average 45 minutes per response, including the time for reviewing the collection of information. RETURN TO: [Redacted]

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, disability, or age. (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, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

C. CROP PRODUCTION

	20	20	20	19	20	18
1. Crop _____ Unit _____						
a. Total Yield						
b. Acres						
c. Average Yield						
2. Crop _____ Unit _____						
a. Total Yield						
b. Acres						
c. Average Yield						
3. Crop _____ Unit _____						
a. Total Yield						
b. Acres						
c. Average Yield						
4. Crop _____ Unit _____						
a. Total Yield						
b. Acres						
c. Average Yield						
5. Crop _____ Unit _____						
a. Total Yield						
b. Acres						
c. Average Yield						
6. Crop _____ Unit _____						
a. Total Yield						
b. Acres						
c. Average Yield						
7. Crop _____ Unit _____						
a. Total Yield						
b. Acres						
c. Average Yield						
8. Crop _____ Unit _____						
a. Total Yield						
b. Acres						
c. Average Yield						
9. Crop _____ Unit _____						
a. Total Yield						
b. Acres						
c. Average Yield						

D. SIGNATURE

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.)

1. Signature

2. Date



FSA-2004
(03-23-10)

U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

AUTHORIZATION TO RELEASE INFORMATION

As part of considering a loan or servicing request, the Farm Service Agency (FSA), USDA, may verify information contained in the application and other documents required in connection with the request.

I authorize you to provide to FSA for verification purposes the following applicable information.

- (1) Employment or income records.
- (2) Bank accounts, stock holdings, and any other assets.
- (3) Other credit references.
- (4) Debt and collateral information.

I further authorize FSA to order a credit report and verify any other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., FSA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of the loan. **I also understand that financial records involving the loan and loan application will be available to FSA without further notice or authorization, but will not be disclosed or released by FSA to another Government agency or department or used for another purpose without my consent except as required or permitted by law.**

The information FSA obtains is only to be used to process the request for a loan or servicing assistance. A copy or facsimile of this authorization may be accepted as an original.

Your prompt reply is appreciated.

5A. Name JANE DOE BORROWER	5B. Signature	5C. Date (MM-DD-YYYY)
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Note: *The following is made in accordance with the Privacy Act of 1974 (5 USC 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 eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. 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 denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

*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 0560-0237. The time required to complete this information collection is estimated to average 10 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 of 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, political beliefs, genetic information, 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, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

FSA-2005
(03-22-10)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

CREDITOR LIST

A. INSTRUCTIONS: List all creditors to whom you are presently indebted, or provide alternate documents that provide the same information. In the case of an entity, the entity and each individual member must complete this form or provide alternate documents.

1. Name: JANE DOE BORROWER

B. CREDITORS (Complete a separate entry for each creditor)

1A. Name and Address ONE MAIN FINANCIAL - PICK UP LOAN	1B. Telephone Number 541-123-3344
	1C. Account Number 123456
	1D. Contact Person MR. PICK UP
2A. Name and Address UPSTART - UTV LOAN	2B. Telephone Number 541-123-3344
	2C. Account Number 987654
	2D. Contact Person MRS. UTV
3A. Name and Address	3B. Telephone Number
	3C. Account Number
	3D. Contact Person
4A. Name and Address	4B. Telephone Number
5A. Name and Address	

Attach most recent statements for all creditors

The U.S. Department of Agriculture (USDA) prohibits discrimination on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, or ancestry. These prohibitions apply to all programs. Persons with disabilities who require alternative means for communication should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

6A. Name and Address	6B. Telephone Number
	6C. Account Number
	6D. Contact Person
7A. Name and Address	7B. Telephone Number
	7C. Account Number
	7D. Contact Person
8A. Name and Address	8B. Telephone Number
	8C. Account Number
	8D. Contact Person
9A. Name and Address	9B. Telephone Number
	9C. Account Number
	9D. Contact Person

C. SIGNATURE

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.)

1. Signature	2. Date
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NOTE: *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 eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. 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 denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

*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 0560-0237. The time required to complete this information collection is estimated to average 20 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.***

This form is available electronically.

(See Page 2 for the Privacy Act and the Public Burden Statements.)

FSA-2006
(07-29-19)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

PROPERTY OWNED AND LEASED

1. Name of Applicant
JANE DOE BORROWER

A. LAND. Include all land owned, to be owned, or leased.

1A. Owner of Record JAMES OWNER			1B. Description 25 ACRES OF PASTURE AND 23 ACRES OF IRRIGATED CROPS (\$200/AC)				1C. County HARNEY	
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1D. Farm No.	1E. Total Acres 48	1F. Crop Acres 23	1G. Oral/ Written Lease ORAL	1H. Crop Share N/A	1I. Cash Rent % \$ 9,600/YEAR	1J. Expiration Date 12/31/2022	
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2A. Owner of Record			2B. Description				2C. County	
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2D. Farm No.	2E. Total Acres	2F. Crop Acres	2G. Oral/ Written Lease	2H. Crop Share	2I. Cash Rent % \$	2J. Expiration Date	
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3A. Owner of Record			3B. Description				3C. County	
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3D. Farm No.	3E. Total Acres	3F. Crop Acres	3G. Oral/ Written Lease	3H. Crop Share	3I. Cash Rent % \$	3J. Expiration Date	
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4A. Owner of Record			4B. Description				4C. County	
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4D. Farm No.	4E. Total Acres	4F. Crop Acres	4G. Oral/ Written Lease	4H. Crop Share	4I. Cash Rent % \$	4J. Expiration Date	
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5A. Owner of Record			5B. Description				5C. County	
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5D. Farm No.	5E. Total Acres	5F. Crop Acres	5G. Oral/ Written Lease	5H. Crop Share	5I. Cash Rent % \$	5J. Expiration Date	
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*Describe all leases and land to be operated on.
- Farm number is not required
- If lease is "written" provide a copy to FSA.*

In accordance with Federal civil rights law and USDA regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs (based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, or ethnicity) derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for participation (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TDD) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

AD-1026
(10-30-14)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

**HIGHLY ERODIBLE LAND CONSERVATION (HELIC) AND
WETLAND CONSERVATION (WC) CERTIFICATION**

Read attached AD-1026 Appendix before completing form.

PART A – BASIC INFORMATION

1. Name of Producer JANE DOE BORROWER	2. Tax Identification Number (Last 4 digits) 6789	3. Crop Year 2021
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4. Names of affiliated persons with farming interests. Enter "None," if applicable.

NONE - NOT AN ENTITY

Affiliated persons with farming interests must also file an AD-1026. See Item 7 in the Appendix for a definition of an affiliated person.

5. Check one of these boxes if the statement applies; otherwise continue to Part B.

A. The producer in Part A does not have interest in land devoted to agriculture. Examples include bee keepers who place their hives on another person's land, producers of crops grown in greenhouses, and producers of aquaculture AND these producers do not own/lease any agricultural land themselves. **Note:** Do not check this box if the producer shares in a crop.

B. The producer in Part A meets all three of the following:

- does not participate in any USDA program that is subject to HELC and WC compliance except Federal Crop Insurance.
- only has interest in land devoted to agriculture which is exclusively used for perennial crops, except sugarcane, and
- has not converted a wetland after February 7, 2014.

Perennial crops include, but are not limited to, tree fruit, tree nuts, grapes, olives, native pasture and perennial forage. A producer that produces alfalfa should contact the Natural Resources Conservation Service at the nearest USDA Service Center to determine whether such production qualifies as production of a perennial crop.

Note: If either box is checked, and the producer in Part A does not participate in Farm Service Agency (FSA) or Natural Resources Conservation Service (NRCS) programs, the full tax identification number of the producer must be provided, but establishment of detailed farm records with FSA is not required. Go to Part D and sign and date.

PART B - HELC/WC COMPLIANCE QUESTIONS

Indicate YES or NO to each question. <i>If you are unsure of whether a HEL determination, wetland determination, or NRCS evaluation has been completed, contact your local USDA Service Center.</i>	YES	NO
6. During the crop year entered in Part A or the term of a requested USDA loan, did or will the producer in Part A plant or produce an agricultural commodity (including sugarcane) on land for which an HEL determination has not been made?		
7. Has anyone performed (since December 23, 1985), or will anyone perform any activities to:		
A. Create new drainage systems, conduct land leveling, filling, dredging, land clearing, or excavation that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____		
B. Improve or modify an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____		
C. Maintain an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____ Note: Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.		
Note: If "YES" is checked for Item 7A or 7B, then Part C must be completed to authorize NRCS to make an HELC/WC and/or certified wetland determination on the identified land. If "YES" is checked for Item 7C, NRCS does not have to conduct a certified wetland determination.		

8. Check one or both boxes, if applicable; otherwise, continue to Part C or D.

A. Check this box only if the producer in Part A has FCIC reinsured crop insurance and filing this form represents the first time the producer in Part A, including any affiliated person, has been subject to HELC and WC provisions.

B. Check this box if either of the following applies to the producer and crop year entered in Part A:

- Is a tenant on a farm that is/will not be in compliance with HELC and WC provisions because the landlord refuses to allow compliance, but all other farms not associated with that landlord are in compliance. (AD-1026B, Tenant Exemption Request, must be completed).
- Is a landlord of a farm that is/will not be in compliance with HELC and WC provisions because of a violation by the tenant on that farm, but all other farms not associated with that tenant are in compliance. (AD-1026C, Landlord or Landowner Exemption Request, must be completed).

PART C – ADDITIONAL INFORMATION

9. If "YES" was checked in Item 6 or 7, provide the following information for the land to which the answer applies:

A. Farm and/or tract/field number: _____
If unknown, contact the Farm Service Agency at the nearest USDA Service Center.

B. Activity: _____

C. Current land use (specify crops): _____

D. County: _____

PART D – CERTIFICATION OF COMPLIANCE

I have received and read the AD-1026 Appendix and understand and agree to the terms and conditions therein on all land in which I (or the producer in Part A if different) and any affiliated person have or will have an interest. I understand that eligibility for certain USDA program benefits is contingent upon this certification of compliance with HELC and WC provisions and I am responsible for any non-compliance. I understand and agree that this certification of compliance is considered continuous and will remain in effect unless revoked or a violation is determined. I further understand and agree that:

- all applicable payments must be refunded if a determination of ineligibility is made for a violation of HELC or WC provisions.
- NRCS may verify whether a HELC violation or WC has occurred.
- a revised Form AD-1026 must be filed if there are any operation changes or activities that may affect compliance with the HELC and WC provisions. I understand that failure to revise Form AD-1026 for such changes may result in ineligibility for certain USDA program benefits or other consequences.
- affiliated persons are also subject to compliance with HELC and WC provisions and their failure to comply or file Form AD-1026 will result in loss of eligibility for applicable benefits to any individuals or entities with whom they are considered affiliated.

Producer's Certification:

I hereby certify that the information on this form is true and correct to the best of my knowledge.

10A. Producer's Signature (By)	10B. Title/Relationship (If Signing in Representative Capacity)	10C. Date (MM-DD-YYYY)
FOR FSA USE ONLY (for referral to NRCS) Sign and date if NRCS determination is needed.	11A. Signature of FSA Representative	11B. Date (MM-DD-YYYY)

IMPORTANT: If you are unsure about the applicability of HELC and WC provisions to your land, contact your local USDA Service Center for details concerning the location of any highly erodible land or wetland and any restrictions applying to your land according to NRCS determinations before planting an agricultural commodity or performing any drainage or manipulation. Failure to certify and properly revise your compliance certification when applicable may: (1) affect your eligibility for USDA program benefits, including whether you qualify for reinstatement of benefits through the Good Faith process; and (2) result in other consequences.

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 12, the Food Security Act of 1985 (Pub. L. 99-198), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to certify compliance with HELC and WC provisions and to determine producer eligibility to participate in and receive benefits under programs administered by USDA agencies. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of producer ineligibility to participate in and receive benefits under programs administered by USDA agencies.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title II, Subtitle G, Funding and Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE.**

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**APPENDIX TO FORM AD-1026
HIGHLY ERODIBLE LAND CONSERVATION (HELIC) AND
WETLAND CONSERVATION (WC) CERTIFICATION**

1. Overview

The following conditions of eligibility are required for a producer to receive any U.S. Department of Agriculture (USDA) loans or other program benefits that are subject to the highly erodible land conservation (HELIC) and wetland conservation (WC) provisions. Unless an exemption has been granted by USDA, the producer agrees to all of the following on all farms in which the producer, and any affiliated person to the producer (as specified in 7 CFR Part 12), has an interest:

- **NOT** to plant or produce an agricultural commodity on highly erodible land or fields unless being farmed in accordance with a conservation plan or system approved by the Natural Resources Conservation Service.
- **NOT** to plant or produce an agricultural commodity on a wetland that was converted after December 23, 1985.
- **NOT** to have converted a wetland after November 28, 1990, for the purpose, or to have the effect, of making the production of an agricultural commodity possible on such converted wetland.
- **NOT** to convert a wetland by draining, dredging, filling, leveling, removing woody vegetation, or any other activity that results in impairing or reducing the flow and circulation of water in a way that would allow the planting of an agricultural commodity.
- **NOT** to use proceeds from any Farm Service Agency farm loan, insured or guaranteed, or any USDA financial assistance program, in such a way that might result in negative impacts to a wetland, except for those projects evaluated and approved by Natural Resources Conservation Service.

2. Statutory and Regulatory Authority

The Food Security Act of 1985, as amended, requires producers participating in most programs administered by the Farm Service Agency (FSA), Natural Resources Conservation Service (NRCS), and the Risk Management Agency (RMA) to comply with HELIC and WC provisions on all land owned or farmed that is considered highly erodible or a wetland unless USDA determines an exemption applies. Producers participating in these programs, and any individual or entity considered to be an affiliated person of a participating producer, are subject to these provisions. The regulations covering these provisions are set forth at 7 CFR Part 12; all such provisions, whether or not explicitly stated herein, shall apply.

3. Explanation of Terms

Agricultural commodity is **any** crop planted and produced by annual tilling of the soil, including tilling by one-trip planters, or sugarcane.

Highly erodible land is any land that has an erodibility index of 8 or more.

Highly erodible fields are fields where either:

- 33.33 percent or more of the total field acreage is identified as soil map units that are highly erodible; or
- 50 or more acres in such field are identified as soil map units that are highly erodible.

Perennial crop is any crop that is planted once and produces crops over multiple years. Go to

www.nrcs.usda.gov/compliance for a list of perennial and annual crops.

Wetland is an area that:

- has a predominance of hydric soils (wet soils);
- is inundated or saturated by surface or groundwater (hydrology) at a frequency and duration sufficient to support a prevalence of hydrophytic (water tolerant) vegetation typically adapted for life in saturated soil conditions; and
- under normal circumstances supports a prevalence of such vegetation, except that this term does not include lands in Alaska identified as having a high potential for agricultural development and a predominance of permafrost soils.

4. NRCS and FSA Determinations

When making HELC and WC compliance determinations:

- NRCS makes technical determinations; these include:
 - For HELC compliance:
 - whether land is considered highly erodible;
 - establishing conservation plans or systems; and
 - whether highly erodible fields are being farmed in accordance with a conservation plan or system approved by NRCS.
 - For WC compliance:
 - whether land is a wetland and if certain technical exemptions apply, such as prior converted;
 - whether a wetland conversion has occurred.
- FSA's responsibilities include:
 - making eligibility determinations, such as who is ineligible based upon NRCS technical determinations of non-compliance.
 - acting on requests for application of certain eligibility exemptions, such as the good faith relief exemption.
 - maintaining the official USDA records of highly erodible land and wetland determinations. The determinations are recorded both within the geographic information system and the automated farm and tract records maintained by FSA; however, it is important to know that determinations may not include all of a producer's land. If a producer is uncertain of the highly erodible land and wetland determinations applicable to any of the producer's land, the producer should contact the appropriate USDA Service Center for assistance.

5. HELC and WC Non-Compliance - FSA and NRCS Programs

Producers who are not in compliance with HELC and WC provisions are not eligible to receive benefits for most programs administered by FSA and NRCS. If a producer received program benefits and is later found to be non-compliant, the producer may be required to refund all benefits received and/or may be assessed a penalty.

In particular, unless exemptions apply, a producer participating in FSA and NRCS programs must: not plant or produce an agricultural commodity on a highly erodible field unless such production is in compliance with a conservation plan or system approved by NRCS; not have planted or produced an agricultural commodity on a wetland converted after December 23, 1985; and, after November 28, 1990, must not have converted a wetland for the purpose, or to have the effect, of making the production of an agricultural commodity possible on such converted wetland.

A producer who violates HELC or WC provisions is ineligible for applicable FSA and NRCS benefits for the year(s) in violation. A planting violation, whether on highly erodible land or a converted wetland, results in ineligibility for benefits for the year(s) when the planting occurred. A wetland conversion violation results in ineligibility beginning with the year in which the conversion occurred and continuing for subsequent years, unless the converted wetland is restored or mitigated before January 1st of the subsequent year.

6. HELC and WC Non-Compliance - Risk Management Agency - Crop Insurance Policies Reinsured by the Federal Crop Insurance Corporation

Producers obtaining federally reinsured crop insurance will not be eligible for any premium subsidy paid by the Federal Crop Insurance Corporation (FCIC) for any policy or plan of insurance if the producer:

- has not filed a completed Form AD-1026 with FSA certifying compliance with HELC and WC provisions; or
- is not in compliance with HELC and WC provisions.

Unless an exemption applies, a producer must:

- not plant or produce an agricultural commodity on a highly erodible field, unless such production is in compliance with a conservation plan approved by NRCS;
- not plant or produce an agricultural commodity on a wetland converted after February 7, 2014; and
- not have converted a wetland for the purpose, or to have the effect, of making the production of an agricultural commodity possible on such converted wetland after February 7, 2014.

A producer is ineligible for any premium subsidy paid by FCIC on all policies and plans of insurance for the reinsurance year (July 1 – June 30) following the reinsurance year of a final determination of a violation of HELC or WC provisions, including all administrative appeals, unless specific exemptions apply. Further, a producer will be ineligible for any premium subsidy paid by FCIC on all policies and plans of insurance for a reinsurance year if they do not have a completed Form AD-1026 on file with FSA certifying compliance on or before the June 1 prior to the beginning of the subsequent reinsurance year (July 1), unless otherwise exempted. RMA will contact FSA to determine compliance with HELC and WC provisions and the filing of Form AD-1026 prior to the beginning of a reinsurance year, which begins on July 1. If the producer is not in compliance and is not exempt, the producer will be ineligible for premium subsidy for all crops with a sales closing date between the following July 1 through the next June 30.

7. Affiliated Persons

Any affiliated person of a producer requesting benefits subject to HELC and WC provisions must also be in compliance with those provisions. Ineligibility of a producer will also apply to affiliated persons of that producer. If an affiliated person has a farming interest (as owner, operator, or other producer on any farm), the affiliated person must also file Form AD-1026 certifying compliance with HELC and WC provisions in order for the producer requesting benefits to be eligible.

Use this table to determine affiliated persons who must be in compliance with HELC and WC provisions and file Form AD-1026. If you are unsure about an affiliated person determination, please contact FSA at your local USDA Service Center for assistance.

<i>IF the producer requesting benefits is a (an) . . .</i>	<i>THEN affiliated persons with farming interests who must be in compliance with HELC and WC provisions and file Form AD-1026 are. . .</i>
individual NOTE: For a minor, parents or guardians shall be listed as affiliated persons.	spouses or minor children with separate farming interests, or who receive benefits under their individual ID number. estates, trusts, partnerships, and joint ventures in which the individual filing, or the individual's spouse or minor children have an interest. corporations in which the individual filing or the individual's spouse or minor children have more than 20% interest.
general partnership limited partnership limited liability company joint venture estate irrevocable or revocable trust Indian tribal venture or group	first level members of the entity.
corporation with stockholders	first level shareholders with more than 20% interest in the corporation. Note: First level shareholders of a corporation with 20% interest or less in the corporation are not considered affiliated persons of the corporation.

IMPORTANT NOTICE:

Signature on Form AD-1026 gives representatives of USDA authorization to enter upon and inspect all farms in which the producer in Part A of Form AD-1026 has an interest for the purpose of confirming HELC and WC compliance.

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 12, the Food Security Act of 1985 (Pub. L. 99-198), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to certify compliance with HELC and WC provisions and to determine producer eligibility to participate in and receive benefits under programs administered by USDA agencies. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of producer ineligibility to participate in and receive benefits under programs administered by USDA agencies.*

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title II, Subtitle G, Funding and Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THE COMPLETED FORM AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

WAIVER OF ELIGIBILITY FOR EMERGENCY ASSISTANCE

In accordance with section 508(b)(7)(A) of the Federal Crop Insurance Act, as amended, regarding eligibility for Department programs, **I hereby waive my eligibility to receive any emergency crop loss assistance from the United States Department of Agriculture for any of my crops for which insurance is available, and I have elected not to insure,** under the Federal crop insurance program. This waiver shall remain in effect until the earlier of (1) the crop year following revocation in writing by me or (2) cancellation by the Department. Nothing contained herein affects my eligibility for emergency loans under section 371 of the Consolidated Farm and Rural Development Act.

Producer name:

Producer signature:

Date (MM-DD-YYYY):

Social Security number (or other program identifier):

"I will get crop insurance. If I don't I am ineligible for emergency loans."

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See Page 2 for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY:

AGENCY IDENTIFIER:

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

CCD +

CTX

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER (Include Area Code):

() -

ADDITIONAL INFORMATION:

PAYEE/COMPANY INFORMATION

NAME:

SSN NO. OR TAXPAYER ID NO.:

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER (Include Area Code):

() -

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER (Include Area Code):

() -

NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

CHECKING

SAVINGS

LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (Could be the same as ACH Coordinator):

TELEPHONE NUMBER (Include Area Code):

() -

AUTHORIZED FOR LOCAL REPRODUCTION

Direct Deposit form.
If loan is approved
where should funds
be deposited?
- include VOID check

INSTRUCTIONS FOR COMPLETING SF-3881 FORM

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

FSA-2370
(10-13-15)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

**REQUEST FOR WAIVER OF BORROWER TRAINING
REQUIREMENTS / BORROWER TRAINING ASSESSMENT**

PART A – WAIVER REQUEST

FSA may waive the financial and/or production training requirements if the applicant has:

- (1) Successfully completed a financial management training program or has sufficient practical experience including a demonstrated ability to keep records. Applicant must submit evidence of having completed a similar course as those approved by FSA, including description of content and subjects covered in the course, grade received, or certificate of completion or information related to their practical experience. Information previously submitted (such as college transcripts and list of training courses previously completed) does not need to be resubmitted.
- (2) Experience and/or training which demonstrates the abilities necessary for successful and efficient production. Applicant must submit, at a minimum, production records for the past 3 years and explain how the production records demonstrate production ability. Subsequent waiver requests may utilize information on file and previously submitted information does not need to be resubmitted.

1. I (a) JANE DOE BORROWER request FSA grant a waiver from (b) financial management and/or (c) production borrower training requirements, contained in 7 CFR 764, based on (d) the attached documentation, or (e) the following:

I HAVE BEEN A MEMBER OF FFA FOR X NUMBER OF YEARS RAISING STEERS FOR SALE AT THE FAIR. DURING THE 20XX AND 20XX YEARS I RAISED AND SOLD STEERS WITH MY FAMILY. I WORK ON A FARM WHERE I CALVE, VACCINATE, AND MAINTAIN THEIR XX +/- COW HERD. I HAVE ATTENDED XSU WHERE I RECEIVED A BACHELOR'S DEGREE WITH A MAJOR IN ANIMAL SCIENCE (ATTACH TRANSCRIPTS).

2A. Signature (only required for Borrower Training Waiver Request)

2B. Date (MM-DD-YYYY)

PART B – FSA USE ONLY

3A. FSA's Waiver Request Decision:

- APPROVED:** Financial Management Production
DENIED: Financial Management Production

3B. If Denied, Reason for Denial

3C. FSA's Assessment of Previous Waiver and Completed Training

- Additional Training is **not** required (Check all that apply):
 Prior Waiver Remains Valid
 Completed Training on: _____
 Training requirement reconsidered and training **is** required (Check all that apply) (See comments in Item 3D):
 Financial Management Production

3D. Comments

4A. Name

4B. Title

4C. Signature

4D. Date (MM-DD-YYYY)

NOTE: The following is made in accordance with the Privacy Act of 1974 (5 USC 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 eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. 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 denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

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 0560-0237. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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Pay 8 tubs
* 2 Most recent

07/01/2021

[REDACTED]

*****2423.59

Two Thousand Four Hundred Twenty-Three and 59/100

[REDACTED]

[REDACTED]

[REDACTED]

Check #: 9988 Check Date: 07/01/2021 EMP#:
Period Start: 06/16/2021 Period Ending: 06/30/2021

DATE	DESCRIPTION	AMOUNT	DEBIT	CREDIT	BALANCE
06/16/21	Payroll	2423.59			
06/17/21	Payroll	2423.59			
06/18/21	Payroll	2423.59			
06/19/21	Payroll	2423.59			
06/20/21	Payroll	2423.59			
06/21/21	Payroll	2423.59			
06/22/21	Payroll	2423.59			
06/23/21	Payroll	2423.59			
06/24/21	Payroll	2423.59			
06/25/21	Payroll	2423.59			
06/26/21	Payroll	2423.59			
06/27/21	Payroll	2423.59			
06/28/21	Payroll	2423.59			
06/29/21	Payroll	2423.59			
06/30/21	Payroll	2423.59			

Net: \$2423.59

[REDACTED]

[REDACTED]

[REDACTED]

Check #: 9988 Check Date: 07/01/2021 EMP#:
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06/20/21	Payroll	2423.59			
06/21/21	Payroll	2423.59			
06/22/21	Payroll	2423.59			
06/23/21	Payroll	2423.59			
06/24/21	Payroll	2423.59			
06/25/21	Payroll	2423.59			
06/26/21	Payroll	2423.59			
06/27/21	Payroll	2423.59			
06/28/21	Payroll	2423.59			
06/29/21	Payroll	2423.59			
06/30/21	Payroll	2423.59			

Net: \$2423.59

[REDACTED]

Upstart Loan Verification:

> Scheduled Payments

> Past Payments

> Bank Accounts

▼ Loan Summary

Loan Amount	\$10,000	Interest Rate	10.99%	Annual Fee	\$0
Monthly Payment	\$229.97	Term	36 months	Origination Fee	\$0
APR	11.99%	Monthly Payment	\$229.97	Prepayment Penalty	\$0

> Pay by Check

all applicants will qualify for the full amount. Loans are not available in West Virginia or Iowa. The minimum loan amount in MA is \$7,000. The minimum loan amount in OH is \$5,000. The minimum loan amount in NM is \$5,100. The minimum loan amount in CA is \$3,100.

Need payment amount
- Credit Report will
show

ONEMAIN
601 NW 2ND ST
EVANSVILLE, IN 47708-1013

Account Number: [REDACTED]
Statement Date: Jul 05, 2021
Contractual Monthly Payment: \$260.08
Payment must be received on or before: Jul 20, 2021

Explanation of Amount Due

Current Amount Due	\$260.08
Total Fees Charged	\$0.00
Past Due Amount	\$0.00
Total Amount Due	\$260.08

If you cannot make your payment on or before the due date please contact the branch listed on your statement.



Please refer questions or requests for money by calling (800) 525-0451. You may also contact us at www.onemainfinancial.com or the address above. Please include your name and account number on any correspondence.



Activity Since Last Statement

Account Summary	Date	Amount	Principal	Interest	Late Fees	Other Fees	Balance
Previous Balance							\$6,394.11
Payment - Thank You	Jun 20, 2021	\$260.08	\$79.30	\$180.78			\$6,314.81

Balance is not payoff amount, call us for payoff amount.

YOUR ACCOUNT IS A MONTHLY DIRECT PAY PLAN. YOUR NEXT MONTHLY PAYMENT OF \$260.08 WILL BE DEBITED FROM YOUR BANK ACCOUNT ON 07/20/2021.

IF YOU HAVE AUTHORIZED DIRECT PAY OR OTHER ELECTRONIC PAYMENTS, THE AMOUNT WE ACTUALLY DEBIT OR CHARGE MAY BE LOWER IF THE SCHEDULED PAYMENT IS MORE THAN YOUR PAYOFF AMOUNT ON THE PAYMENT DATE.



NEED ADDITIONAL CASH? JUST CHECK THE BOX ON THE PORTION BELOW AND RETURN WITH YOUR PAYMENT. WE'LL CALL AS SOON AS WE RECEIVE YOUR REQUEST. OR CALL OUR OFFICE TODAY AT (800) 525-0451 TO APPLY.

Need interest rate.
- credit report will not show.



\$47.70

Available balance

+\$0.00

Deposits this month

-\$0.00

Withdrawals this month

~~██████████~~ Savings Acct.
~~██████████~~ \$2952.30
Available balance