

This form is available electronically.

Form Approved - OMB No. 0560-0155

FSA-1980-25

(03-22-04)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

APPLICATION FOR GUARANTEE

NOTE: 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 0560-0155. The time required to complete this information collection is estimated to average 3.5 hours per response for the lender and 50 minutes per response for the applicant, 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 LOCAL FSA OFFICE.**

PART A LOAN APPLICANT INFORMATION

1. APPLICANT'S NAME		2. CO-APPLICANT'S NAME		3. APPLICANT'S TELEPHONE NO. (Area Code)		
4. APPLICANT'S ADDRESS				5. APPLICANT'S SSN OR TAX ID NO.		
6. APPLICANT'S BIRTH DATE (MM-DD-YYYY)		7. CO-APPLICANT'S BIRTH DATE (MM-DD-YYYY)		8. CO-APPLICANT'S SSN OR TAX ID NO.		
9. TOTAL NUMBER OF HOUSEHOLD MEMBERS						
10. TYPE OF OPERATION: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> JOINT OPERATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> L.L.C. <input type="checkbox"/> OTHER (Explain) _____					11. ACRES OWNED 12. ACRES RENTED	
13. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (INCLUDING SINGLE, DIVORCED, AND WIDOWED)						
14. Have you ever conducted business under any other name? If "YES", what name?					YES	NO
15. Have you or any member of the entity obtained a direct or guaranteed loan from USDA?						
16. If "YES" to Item 15, was the loan paid in full? If not paid in full, please explain:						
17. Have you or any member of the entity ever been in receivership, been discharged in bankruptcy, or filed a petition for bankruptcy?						
18. If you answered "YES" to Item 17, provide details:						
19. Are you or any member of the entity delinquent on any debt to the United States Government?						
20. Are you (or members holding a majority interest) a U.S. citizen?						
21. If "NO" to Item 20, are you a non-citizen national, or a qualified alien? (Please provide documentation)						
22. Are you a veteran? If "YES", indicate branch and dates of service:						
23. Are you an employee, related to an employee, or an associate of an employee of the Lender or Farm Service Agency?						
24. Are you farming or ranching now? If "YES", number of years experience:						
25. If "NO" to Item 24, but you have operated a farm in the past, list dates:						

Voluntary Information for Monitoring Purposes

Ethnicity, race, and gender information is requested in order to monitor FSA's compliance with federal laws prohibiting discrimination against loan applicants and to determine if you qualify for targeted funds. You are not required to furnish this information, but are encouraged to do so. Failure to complete this information may result in you not receiving access to targeted funds for which you may be eligible. Entity applicants should base their answers on the ethnicity, race, and gender of the owners of a majority interest in the entity.

26. ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		27. RACE (Choose as many boxes as applicable) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American		28. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
FSA USE ONLY:		29A. DATE RECEIVED (MM-DD-YYYY)		29B. DATE COMPLETED (MM-DD-YYYY)	

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

PART B - LOAN APPLICANT CERTIFICATIONS

STATEMENT REQUIRED BY THE PRIVACY ACT

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.), and the regulations promulgated thereunder, to solicit the information requested. 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 Internal Revenue Service, 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, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.

RIGHT TO FINANCIAL PRIVACY ACT OF 1978

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.

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, or 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.

CERTIFICATIONS, RESTRICTIONS, AND DISCLOSURE OF LOBBYING ACTIVITIES

1. The loan applicant certifies that: if any funds, by or on behalf of the loan 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 loan applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
2. The loan applicant shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (*including contacts, subcontracts, and subgrants, under grants and loans*) and that all subrecipients shall certify and disclose accordingly.
3. 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 and is imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

ABUSE OF CONTROLLED SUBSTANCES

The loan applicant certifies that he or she 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 last 5 crop years, in accordance with 21 U.S.C. 889. The loan applicant also certifies that he/she 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.

TEST FOR CREDIT

The individual or authorized party certifies that the needed credit without a loan guarantee, cannot be obtained by the individual applicant, or in the case of an entity, the needed credit cannot be obtained considering all assets owned by the entity and all of the individual members.

FEDERAL DEBT

The loan applicant certifies and acknowledges that any amounts paid by FSA on account of the liabilities of the guaranteed loan borrower will constitute a Federal debt owing to FSA by the guaranteed loan borrower. In such case, FSA may use all remedies available to it, including offset under the Debt Collection Improvement Act, to collect the debt from the borrower. The Agency's right to collect is independent of the lender's right to collect under the guaranteed note and will not be affected by any release by the lender of my (our) obligation to repay the loan. Any Agency collection under this paragraph will not be shared with the lender.

ACKNOWLEDGMENT

I certify that I accept and comply with the conditions stated thereon. I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith to obtain a loan. I understand that the approval period will not begin until a complete application has been filed. (Warning: section 1001 of Title 18, United States Code provides for criminal penalties to those who provide false statements on loans. If any information on this application is found to be false or incomplete, such finding may be grounds for denial of the requested credit and civil and criminal prosecution.)

30A. APPLICANT'S SIGNATURE	30B. DATE (MM-DD-YYYY)
31A. CO-APPLICANT'S SIGNATURE	31B. DATE (MM-DD-YYYY)