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| ***REQUEST FOR DIRECT LOAN ASSISTANCE*** |
| **INSTRUCTIONS FOR PREPARATION** |
| **Purpose:**This form is used to obtain information from applicants applying for FSA services. |
| **Handbook Reference:**3-FLP, 4-FLP, 5-FLP and 6-FLP | **Number of Copies:**Original only |
| **Signatures Required:**Original by Individual applicant(s), Authorized Entity Representative, and/or all entity members as individuals. |
| **Distribution of Copies:**County Office Case File |
| **Automation-Related Transactions:** DLS |

### All loan applicants read and retain the top page of the form.

**Individual applicants, not operating as a legal entity, complete Parts A, D, E and F.**

**Individual applicants operating as a legal entity complete Parts C, D, E and F.**

**Married couples, only one spouse applying, complete Parts A, D, E, and F.**

**Married couples applying jointly, not as a legal entity, complete Parts B, D, E, and F.**

**Joint operations with 2 or more persons, not married and not a legal entity, complete Parts C, D, E, and F.**

**All Entity Applicants and each individual Entity Member complete Parts C, D, E and F. Part C and Part F may be replicated as necessary to include all associated entities and its members.**

**FSA completes Part G.**

###### PART A – Individual Applicant, Not a Legal Entity and Married, Applying as Individual

***Items 1 – 15 are completed by all individual applicants.***

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1AExact Full Legal Name | Enter the applicant’s exact full legal name as shown on a state driver's license or State ID card. |
| 2Email Address | Enter the applicant’s email address. |
| 3MailingAddress | Enter applicant’s complete mailing address. Indicate if the mailing address is different from applicant's physical address. |
| 4APhysical Address | Enter applicant's complete physical address if different from mailing address. |
| 4BCounty of Residence | Enter the county where the residence is located. |
| 5Contact Telephone Numbers | Enter the applicant’s home, cell, and business telephone number*,* as applicable.Indicate applicant's best contact telephone number by selecting "Primary" in the applicable box. |
| 6County of Operation Headquarters | Enter the county where the operation headquarters is located. |
| 7Date of Birth | Enter applicant’s date of birth. |
| 8Social Security Number | Enter applicant’s social security number (9-digit number) |
| 9Name and Address of Employer | Enter the name, address and telephone number of the applicant’s employer, if applicable. |
| 10Citizenship | Check applicable citizenship status. If non-citizen national, qualified alien, or refugee, as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), 8 U.S.C. 1641, applicant must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B. |
| 11Race | Check the appropriate box indicating applicant’s race. More than one box may be checked. Providing applicant’s race is voluntary; however, if applying as a socially disadvantaged applicant based on race, this information is required. |
| 12Veteran Status | Check the appropriate box indicating applicant’s veteran status. |
| 13Marital Status | Check the appropriate block depending on whether the applicant is unmarried, divorced, separated, legally separated or married and applying as an individual applicant. |
| 14Ethnicity | Check the appropriate box indicating applicant’s ethnicity. Providing applicant’s ethnicity is voluntary; however, if applying as a socially disadvantaged applicant based on ethnicity, this information is required. |
| 15Gender | Check the appropriate box indicating applicant’s gender. Providing applicant’s gender is voluntary; however, if applying as a socially disadvantaged applicant based on gender, this information is required. |
| 16For FSA Use Only | Check the appropriate box indicating if information collected was provided or observed. |
| **PROCEED TO PART D** |

###### PART B– Married Couples, Applying Jointly, Not a Legal Entity

***Items 1 – 11 are completed by one spouse. Items 13 – 23 are completed by the other spouse. Items 25 -29 are shared by both parties.***

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1Exact Full Legal Name | Enter the applicant’s exact full legal name as shown on a state driver's license or State ID card. |
| 2Email Address | Enter the applicant’s email address. |
| 3Social Security Number | Enter applicant’s social security number (9-digit number). |
| 4Date of Birth | Enter applicant’s date of birth. |
| 5Contact Telephone Numbers | Enter the applicant’s home, cell, and business telephone number*,* as applicable.Indicate applicant's best contact telephone number by selecting "Primary" in the applicable box. |
| 6Citizenship | Check applicable citizenship status. If non-citizen national, qualified alien, or refugee, as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), 8 U.S.C. 1641, applicant must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B. |
| 7Race | Check the appropriate box indicating applicant’s race. More than one box may be checked. Providing applicant’s race is voluntary; however, if applying as a socially disadvantaged applicant based on race, this information is required. |
| 8Name and Address of Employer | Enter the name, address and telephone number of the applicant’s employer, if applicable. |
| 9Veteran Status | Check the appropriate box indicating applicant’s veteran status. |
| 10Ethnicity | Check the appropriate box indicating applicant’s ethnicity. Providing applicant’s ethnicity is voluntary; however, if applying as a socially disadvantaged applicant based on ethnicity, this information is required. |
| 11Gender | Check the appropriate box indicating applicant’s gender. Providing applicant’s gender is voluntary; however, if applying as a socially disadvantaged applicant based on gender, this information is required. |
| 12For FSA Use Only | Check the appropriate box indicating if information collected was provided or observed. |
| 13Exact Full Legal Name | Enter the applicant’s exact full legal name as shown on a state driver's license or State ID card. |
| 14Email Address | Enter the applicant’s email address. |
| 15Social Security Number | Enter applicant’s social security number (9-digit number) |
| 16Date of Birth | Enter applicant’s date of birth. |
| 17Contact Telephone Numbers | Enter the applicant’s home, cell, and business telephone number*,* as applicable.Indicate applicant's best contact telephone number by selecting "Primary" in the applicable box. |
| 18Citizenship | Check applicable citizenship status. If non-citizen national, qualified alien, or refugee, as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), 8 U.S.C. 1641, applicant must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B. |
| 19Race | Check the appropriate box indicating applicant’s race. More than one box may be checked. Providing applicant’s race is voluntary; however, if applying as a socially disadvantaged applicant based on race, this information is required. |
| 20Name and Address of Employer | Enter the name, address and telephone number of the applicant’s employer, if applicable. |
| 21Veteran Status | Check the appropriate box indicating applicant’s veteran status. |
| 22Ethnicity | Check the appropriate box indicating applicant’s ethnicity. Providing applicant’s ethnicity is voluntary; however, if applying as a socially disadvantaged applicant based on ethnicity, this information is required. |
| 22Ethnicity | Check the appropriate box indicating applicant’s ethnicity. Providing applicant’s ethnicity is voluntary; however, if applying as a socially disadvantaged applicant based on ethnicity, this information is required. |
| 23Gender | Check the appropriate box indicating applicant’s gender. Providing applicant’s gender is voluntary; however, if applying as a socially disadvantaged applicant based on gender, this information is required. |
| 24For FSA Use Only | Check the appropriate box indicating if information collected was provided or observed. |
| 25MailingAddress | Enter applicant’s complete mailing address. Indicate if the mailing address is different from applicant's physical address. |
| 26Physical Address | Enter applicant's complete physical address if different from mailing address. |
| 27County of Operation Headquarters | Enter the county where the operation headquarters is located. |
| 28County of Residence | Enter the county where the residence is located. |
| **PROCEED TO PART D** |

###### PART C– Entity Applicants

***The applicant must be the name of the Operating Entity.***

***The Operating Entity must complete Items 1 – 13.***

***All embedded entities within the Operating Entity also must complete Items 1 – 13.***

***All entity members must provide individual information in Items 14 - 28.***

***In the case of informal Joint Operations who are operating without a formal written agreement and where no formal tax ID number has been assigned by a taxing authority, the persons requesting loan assistance are to designate which tax identification number will be used as the primary to assign the case number; that number will be entered into Item 4. The remaining Items 1 – 13 will be completed, as applicable. All individual joint operation members will complete items 14-28.***

***Pages 3 and 4 of the FSA 2001 loan application may be reproduced as necessary.***

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1Full Entity or Trust Name | Enter the entity applicant’s exact full legal name as shown on Articles of Incorporation, partnership agreement, as filed with the Secretary of State, etc. In the case of informal joint operations, if the operation is farming under an “assumed” name, please enter the name under which the joint operation farms; otherwise, leave blank. |
| 2Entity Address | Enter the entity applicant’s mailing address. |
| 3Entity Type | Check the appropriate box indicating the entity type or enter the correct entity type in “Other” if the entity type is not listed. |
| 4Entity Contact Number | Enter the telephone number which best fits the entity, entity representative, or authorized entity official for contact purposes. |
| 5State of Registration/Corporation | Enter the State where the entity is registered or incorporated. |
| 6Registration ID Number | Enter the entity’s registration number. |
| 7Date of Formation | Enter date entity was formally registered or formed. |
| 8Tax Identification Number | Enter the entity’s tax identification number (9-digit number). |
| 9 County of Operation Headquarters | Enter the county in which the entity maintains its base of operations. |
| 10Embedded Entity Identifier | If the Operating Entity has 1 or more embedded entities within its composition, check “YES” and completed Items 11 – 13. Otherwise, check “NO” and proceed to completing Items 14-28B. |
| 11List All Embedded Entities | If the answer to Item 10 is “YES”, enter the names of all embedded entities comprised within the Operating Entity applicant. |
| 12Percentage of Interest | For the Operating Entity applicant, enter the percentage of interest the Operating Entity holds in the farming operation.For embedded entities within the Operating Entity, enter the percentage of interest each embedded entity holds. |
| 13Number of Entity Members | Enter the number of individual Operating Entity members. For embedded entities within the Operating Entity, enter the number of individual entity members within each embedded entity.  |
| 14Exact Full Legal Name of Entity Member | Enter entity member’s exact full legal name as shown on a state driver's license or State ID card. |
| 15Percentage of Interest | Enter individual entity member’s ownership interest in the Operating Entity or embedded entity. |
| 16Email Address | Enter individual entity member’s email address. |
| 17Social Security Number | Enter the individual entity member’s tax identification number (9-digit number). |
| 18Date of Birth | Enter individual entity member’s date of birth. |
| 19Contact Telephone Numbers | Enter the individual entity member’s home, cell, and business telephone number*,* as applicable. Indicate best contact telephone number by selecting "Primary" in the applicable box. |
| 20Citizenship | Check applicable citizenship status. If non-citizen national, qualified alien, or refugee, as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), 8 U.S.C. 1641, applicant must provide copies of appropriate documentation of immigration status, including and not limited, to a current I-551, Naturalization Certificate, or I-688B. |
| 21Race | Check the appropriate box indicating applicant’s race. More than one box may be checked. Providing applicant’s race is voluntary; however, if applying as a socially disadvantaged applicant based on race, this information is required. |
| 22Name and Address of Employer | Enter the name, address and telephone number of the applicant’s employer, if applicable. |
| 23Veteran Status | Check the appropriate box indicating applicant’s veteran status. |
| 24Ethnicity | Check the appropriate box indicating applicant’s ethnicity. Providing applicant’s ethnicity is voluntary; however, if applying as a socially disadvantaged applicant based on ethnicity, this information is required. |
| 25Gender | Check the appropriate box indicating applicant’s gender. Providing applicant’s gender is voluntary; however, if applying as a socially disadvantaged applicant based on gender, this information is required. |
| 26For FSA Use Only | Check the appropriate box indicating if information collected was provided or observed. |
| 27MailingAddress | Enter entity member’s complete mailing address. Indicate if the mailing address is different from entity member’s physical address. |
| 28APhysical Address | Enter individual entity member’s complete physical address if different from mailing address. |
| 28BCounty of Residence | Enter the county where the entity member’s residence is located. |
| **PROCEED TO PART D** |

###### PART D – General Information

***Items 1 – 6 are completed by all applicants.***

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1Counties Being Farmed | Enter the names of the counties which are being farmed by the operation. |
| 2Acres Owned | Enter the number of acres that the individual/entity owns. |
| 3Acres Rented | Enter the number of acres that the individual/entity rents. |
| 4APurpose of Loan | Enter the purpose the loan funds will be used for the first loan requested. |
| 4BAmount Requested | Enter the amount of loan funds for the first loan requested. |
| 5APurpose of Loan  | Enter the purpose the loan funds will be used for the second loan requested. |
| 5BAmount Requested | Enter the amount of loan funds for the second loan requested. |
| 6Description of Operation | Enter a description of the operation. |

###### PART E – Notifications, Certification and Acknowledgement

***Items 1 – 18B are completed by all applicants.***

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1Business Under Other Name | Check “YES” if you or any member of the entity ever conducted business under any other name, otherwise check “NO”. If “YES” provide names used in Item 9. |
| 2Previous FSA or FmHA Loans | Check “YES” if you or any member of the entity ever obtained a direct or guaranteed farm loan from FSA or the Farmers Home Administration; if not check “NO”. |
| 3Debt Forgiveness | If Item 2 is “YES”, check “YES” if the government ever forgave any debt through a write-down, write-off, compromise, adjustment, reduction, charge-off, paying a loss on a guarantee, or bankruptcy. If “YES”, provide details in Item 9; otherwise check “NO”.  |
| 4Delinquent on Federal Debt | Check “YES” if you or any member of the entity is delinquent on any federal debt (i.e. “Federal Debt” includes but is not limited to education loans, delinquent taxes, obligations at Natural Resources Conservation Service, obligations to FCIC, etc.) If “YES,” provide details in Item 9, otherwise check "NO".  |
| 5Pending Litigation  | Check “YES” if you or any member of the entity or the entity itself is involved in any pending litigation. If “YES,” provide details in Item 9, otherwise check “NO”.  |
| 6Bankruptcy | Check “YES” if you or any member of the entity has ever been in receivership, been discharged, or filed a petition for reorganization in bankruptcy. If “YES,” provide details in Item 9, otherwise check “NO”.  |
| 7Employee Relationship | Check “YES” if you are an employee, related to an employee, or closely associated with an employee of the Farm Service Agency. If not, check “NO.” If “YES” provide details in Item 9. |
| 8Farming Experience | Check “YES” if you are currently farming, or have in the past. If “YES” provide the number of years and a brief explanation of your experience in Item 9. |
| 9Additional Answers | Provide explanations to any “YES” responses for Items 1 – 8. Use additional sheets as necessary. |
| 10 – 16Statements | Read statements and certifications in Items 10 – 16.  |

###### PART F – Certifications and Signatures

***All individual applicants and entity members should read and understand that by signing the FSA 2001 loan application, they become jointly and individually responsible for the information provided within the loan application, and are certifying that the Notifications provided in Part E have been read and understood by all parties signing the FSA 2001.***

***This page may be reproduced as necessary if additional signatures are required.***

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1A-6ASignature of Applicant, Spouse or Entity Member | Enter the signature of each individual applicant, entity member, or authorized entity representative. |
| 1B-6BCapacity | Enter a check in the box to indicate in what position the applicant is signing. Entity members will select “self” when signing as individuals. Only the Authorized Entity Representative listed in official corporate or entity documents will check the box marked “Entity Representative.” The Authorized Entity Representative also must sign as “Self.” |
| 1C-6CDate Signed | Enter the date the applicant signs. |

**PART G – FSA Use Only**

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1Date Received | Enter the date FSA-2001 Received in Service Center. |
| 2Date Application Received | Enter the date the application is considered complete. |
| 3ACredit Report Fee | Enter the credit report fee and the date it is received in the Service Center. |
| 3BDate Credit Report Fee Received | Enter the date applicant paid credit report fee. |
| 4Type of Assistance | Enter a check in the check box to indicate the type of assistance requested. If not listed, specify in the Other space provided. |
| 5Agency Official | Enter the name of the Agency Official receiving the application. |