

Applicant information

Fill these boxes once. Every linked box in this packet (AD-2047, CCC-941, FSA-2001, AD-3030, CCC-860) is the same PDF field, so it updates everywhere at the same time. Grey boxes are computed from the parts above them. Tax IDs, birth dates, signatures and demographic questions are never filled automatically and are not linked across forms.

First name	Jordan	used by: full_name, name_address, address_block
Middle name or initial	Avery	used by: full_name, name_address, address_block
Last name	Rivera	used by: full_name, name_address, address_block
Street or mailing address	100 Example Farm Road	FSA-2001 p.3
Address line 2 (optional)		FSA-2001 p.3
City	Shallowater	FSA-2001 p.3
State (2 letters)	TX	FSA-2001 p.3
ZIP code	79363	FSA-2001 p.3
County of the farm operation	Lubbock	AD-2047 p.2, FSA-2001 p.3
Primary phone	(806) 555-0142	AD-2047 p.1, FSA-2001 p.3
Mobile phone		AD-2047 p.1
Business phone		AD-2047 p.1
Additional phone		FSA-2001 p.3
Email	jordan.rivera@example.com	AD-2047 p.1, FSA-2001 p.3
Business type (Individual, LLC, Trust ...)		AD-2047 p.1
Full legal name	Jordan Avery Rivera	FSA-2001 p.3, FSA-2001 p.12, AD-3030 p.1
computed		
Name and address including ZIP	Jordan Avery Rivera 100 Example Farm Road Shallowater, TX 79363	AD-2047 p.1, CCC-941 p.1
computed		
Address including ZIP	100 Example Farm Road, Shallowater, TX 79363	AD-3030 p.1
computed		

AD-2047
(03-19-25)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency
Rural Development
Natural Resources Conservation Service
Risk Management Agency
Agricultural Marketing Service

CUSTOMER DATA WORKSHEET

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 the Computer Security Act of 1987 (Pub. L. 100-235), OMB Circular A-123, Federal Managers' Financial Integrity Act of 1982, and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request by the producer for updating the business partner record. 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 Notices for AMS-3, Perishable Agricultural Commodities Act (PACA), USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/RD-1, Applicant, Borrower, Grantee, or Tenant File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within the business partner record.

Public Burden Statement (Paperwork Reduction Act Statement): According to the Paperwork Reduction Act requirement, 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 0560-0265. The time required to complete this information collection is estimated to average 3 minutes (.05 hours) 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov (Subject: OMB NO. 0560-0265).

The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A CUSTOMER INFORMATION

1. Reason for Request (Check appropriate box(es) below:)

☐ New Customer

☐ Update Existing Customer Record

2A. Customer's Full Name or Business Name and Address
(Including Zip Code)

Jordan Avery Rivera
100 Example Farm Road
Shallowater, TX 79363

2B. Customer Business Type (Example: Individual, Corporation, LLC, Estate, Trust, etc.)

2C. Home Telephone Number (Area Code) | 2D. Business Telephone Number (Area Code) | 2E. Mobile Telephone Number (Area Code)

(806) 555-0142

2F. Email Address

jordan.rivera@example.com

2G. Does the customer want to receive sensitive (but non-PII) Producer or farm specific related emails?

☐ YES ☐ NO

3A. Taxpayer Identification Number (Complete TIN for new customer or last 4 digits for existing customer) and Type (SSN, EIN, ITN, etc.)

3B. Birthdate (Only required if the customer is a minor)

3C. Citizenship Status: (For Individuals Only)

☐ U.S. Resident

☐ Resident Alien (I-551 Required)

☐ Not a US Citizen or Resident Alien

Citizenship country if not US:

3D. Originating Country (For Foreign Entities Only)

Demographic Information

Departmental Regulation 4370-001 provides USDA's policies for collecting demographic data, including race, ethnicity and sex. Providing demographic information is voluntary and at the discretion of the customer. Demographic information is used by USDA for statistical purposes only and will not be used to determine an applicant's eligibility for programs or services for which they apply. You may disregard providing information in items 4A, 4B or 4C if the information has previously been provided to USDA. A customer identified in Item 2A that is a legal entity must base responses to the race, ethnicity and sex on the individual persons holding at least 50 percent ownership interest in the legal entity.

4A. Race/Ethnicity: (Note: Select all that apply.)

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Middle Eastern or North African
☐ Native Hawaiian or Pacific Islander
☐ White

4B. Sex (Individual):

☐ Male
☐ Female

4C. Sex (Legal Entity)

☐ Not applicable/unknown
☐ Organization/Female Owned
☐ Organization/Male Owned

Date Stamp

Note: See instructions for legal entities

5. Customer has interest in one or more of the following agencies. (Check Appropriate Agency(ies) below:)		
☐ AMS	☐ FSA	☐ NRCS
☐ RMA	☐ RD	
6. Is the Customer a Multi-County Producer? ☐ YES (If "YES," list States and/or Counties below:)		
Lubbock		
7. See form instructions for signature requirements.		
7A. Customer Signature	7B. Title/Relationship	7C. Date (MM-DD-YYYY)
PART B SERVICE CENTER ACTION		
8A. Agency Who Received Request: (Check one below)	8B. Initials of Employee Receiving Request (If Different than Item 12A)	8C. Date Service Center Employee Received the Request (MM-DD-YYYY)
☐ FSA ☐ NRCS ☐ RD		
9. How the Request for Change was Received:		
☐ Office Visit ☐ Telephone ☐ FAX ☐ USPS ☐ Box ☐ One Span ☐ Other (Specify):		
10. COC LAA:		
11. Remarks, if Applicable:		
12A. Signature of Employee Updating Business Partner if not initialed in Item 8B.	12B. Date Service Center Employee Updating Business Partner (MM-DD-YYYY)	

Non-Discrimination Statement: 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, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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, Mail Stop 9410, 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.

CCC-941 (07-19-26)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. Return completed form to:
AVERAGE ADJUSTED GROSS INCOME (AGI) CERTIFICATION AND CONSENT TO DISCLOSURE OF TAX INFORMATION		

INSTRUCTIONS: Please return completed form to FSA at the above address in box 1. In box 2, use the name and address recorded on the most recently filed tax return or IRS change of address notification.

2. Name and Address of Individual or Legal Entity (Including Zip Code) Jordan Avery Rivera 100 Example Farm Road Shallowater, TX 79363	3. Taxpayer Identification Number (TIN) (Social Security Number for Individual; or Employer Identification Number for Legal Entity)
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PART A – CERTIFICATION OF AVERAGE ADJUSTED GROSS INCOME	
4. The program year for payment eligibility	
A. 20	Enter the year for which program benefits are requested. The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. For example, the 3-year period for the calculation of the average AGI for 2026 would be the taxable years of 2022, 2023 and 2024.
5. I certify that the average adjusted gross income of the individual or legal entity in Item 2 (for the year included in Item 4) was:	
A.	Less than (or equal to) \$900,000 More than \$900,000

PART B – CONSENT TO DISCLOSURE OF TAX INFORMATION

Pursuant to 26 U.S.C. §6103, I hereby authorize the Internal Revenue Service (IRS) to review the following items of “return information” (as defined in 26 U.S.C. §6103(b)(2)) from the returns (as specified below) of the individual or legal entity identified in Item 2 for the taxable years indicated in Item 4:

Form 1040 and 1040NR filers: farm income or loss; adjusted gross income	Form 1120, 1120A, 1120C filers: charitable contributions, taxable income
Form 1041 filers: farm income or loss, charitable contributions, income distribution deductions, exemptions, adjusted total income; total income	Form 1120S filers:
Form 1065 filers: guaranteed payments to partners, ordinary business income	Form 990T: unrelated business taxable income

I understand the IRS will review these items of return information in order to perform calculations, the results of which I authorize to be disclosed to officers and employees of the United States Department of Agriculture (USDA) for use in determining the individual's or legal entity's eligibility for specified payments for various commodity and conservation programs. The calculations performed by the IRS use a methodology prescribed by the USDA. In addition, I am aware that the USDA may use the information received for compliance purposes related to this eligibility determination, including referrals to the Department of Justice.

Specifically, the IRS will disclose to the USDA the individual's or legal entity's name and TIN, and inform the USDA if, pursuant to its calculations, the average Adjusted Gross Income (AGI) is above or below eligibility requirements as prescribed by the Agricultural Act of 2014 or Agriculture Improvement Act of 2018. The IRS will also disclose to the USDA the type of return from which the information used for the calculations was obtained.

If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the specified return has not been filed, for any of the taxable years indicated, the IRS may disclose that it was unable to locate a return, or that a return was not filed, for those years, whichever is applicable.

I understand the Internal Revenue Code §6103(c), limits disclosure and use of return information provided pursuant to a taxpayer's consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.

By signing this form:

- I acknowledge that I have read and reviewed all definitions and requirements on Page 2 of this form;
- I certify that all information contained within this certification is true and correct; and is consistent with the tax returns filed with the IRS;
- I agree to authorize CCC to obtain tax data from the IRS for AGI compliance verification purposes by filing this form;
- I am aware that without this consent to disclosure, the returns and return information of the individual or legal entity
- identified in Item 2 are confidential and are protected by law under the Internal Revenue Code;
- I certify that I am authorized under applicable state law to execute this consent on behalf of the legal entity identified in Item 2 (for legal entity only).

DATE STAMP

6. Signature (By)	7. Title/Relationship of the Individual if Signing in a Representative Capacity for a legal entity	8. Date (MM/DD/YYYY)
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Privacy Act Statement: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a – as amended). The authority for requesting the information identified on this form is Payment Limitation and Payment Eligibility (7 CFR Part 1400), the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (7 U.S.C. 9015), (Pub. L. 113-79), as amended by the Agriculture Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), the American Relief Act, 2025 (Pub. L. 118-158), the One Big Beautiful Bill Act, 2025 (Pub. L. 119-21) and 7 CFR Part 1412. The information will be used to determine eligibility for program benefits. 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 or as described in applicable Routine Uses identified in the System of Records Notice for USD A/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

Paperwork Reduction Act (PRA) Statement: This information collection is exempted from the Paperwork Reduction Act as specified in 7 U.S.C. 9091(c)(2)(B).

Public Burden Statement: For CFAP 2.0 and QLA only, public reporting burden for this collection is estimated to average 30 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. You are not required to respond to the collection, or USDA may not conduct or sponsor a collection of information unless it displays a valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov (OMB NO. 0560-0297).

Non-Discrimination Statement: 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, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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GENERAL INFORMATION ON AVERAGE ADJUSTED GROSS INCOME – PART A

Individuals or legal entities that receive benefits under most programs administered by CCC cannot have incomes that exceed a certain limit set by law. For entities, both the entity itself, and its members cannot exceed the income limitation. If a member, whether an individual or an entity, of an entity exceeds the limitation, payments to that entity will be commensurately reduced according to that member's direct or indirect ownership share in the entity. (All members of the entity must also submit this form to verify income the limitation is met.)

Adjusted Gross Income is the individual's or legal entity's IRS-reported adjusted gross income consisting of both farm and nonfarm income. A three-year average of that income will be computed for the three years of the relevant base period identified on the first page of this form to determine eligibility for the applicable program year. Unless a specific exception applies, individuals or legal entities with average **adjusted gross income** greater than \$900,000 shall be ineligible for all payments and benefits under the commodity, price support, disaster assistance, and conservation programs.

HOW TO DETERMINE ADJUSTED GROSS INCOME (AGI)

Individual – Internal Revenue Service (IRS) Form 1040 filers, specific lines on that form represent the adjusted gross income and the income from farming, ranching, or forestry operations.

Trust or Estate – the adjusted gross income is the total income and charitable contributions reported to IRS.

C-Corporation and Limited Liability Company taxed as a C-Corporation – the adjusted gross income is the total of the final taxable income and any charitable contributions reported to IRS.

Tax-exempt Organization – the adjusted gross income is the unrelated business taxable income excluding any income from non-commercial activities as reported to the IRS.

HOW TO DETERMINE AVERAGE ADJUSTED GROSS INCOME

The period for calculation of the average AGI will be of the three taxable years preceding the most immediately preceding complete taxable year for which benefits are requested. This table shows examples for applicable years to be used in determining average AGI.

IF the crop year is...	THEN... Average AGI will be based on the following years....
2023	2021, 2020, and 2019
2024	2022, 2021, and 2020
2025	2023, 2022, and 2021
2026	2024, 2023, and 2022
2027	2025, 2024, and 2023

GENERAL INFORMATION ON CONSENT TO DISCLOSURE OF TAX INFORMATION – PART B

This consent allows IRS's access to, and use of, certain items of return information to perform calculations, using a methodology prescribed by the USDA, that will assist USDA in its verification of a program participant's compliance with the adjusted gross income (AGI) limitations necessary for participation in, and receipt of, commodity, conservation, price support or disaster program benefits. This consent also permits the USDA to receive certain items of return information for its eligibility determination.

This consent authorizes the disclosure of these items of return information for only the specified time period. Each item of information requested on this form is needed for the IRS to (1) locate, and verify, your tax information; (2) perform the requisite Average AGI calculations; and (3) provide the USDA with the legal entity's name and Taxpayer Identification Number (TIN), the type of return from which the specified items were located for use in the calculation, and whether or not the average AGI is above or below eligibility requirements. The IRS will not provide the USDA with any of the items specified on this consent form that it uses to perform the calculations or the average AGI figure.

This form can only be signed by the person authorized under state law to sign this consent for the legal entity identified in Item 2. **An approved Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority when completing this form.**

Internal Revenue Code, §6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

INSTRUCTIONS FOR COMPLETION OF CCC-941

Item No./Field name	Instruction
1. Return Completed Form To	Enter the name and address of the FSA county office or USDA service center where the completed CCC-941 will be submitted.
2. Person or Legal Entity's Name and Address	Enter the person's or legal entity's name and address for commodity, conservation, price support, or disaster program benefits. <i>Enter the name and address exactly as it appeared on the most recently filed IRS tax return or IRS change of address (Form 8822).</i>
3. Taxpayer Identification Number	In the format provided, enter the <u>complete</u> taxpayer identification number of the person or legal entity identified in Item 2. <i>This will be either a Social Security Number or Taxpayer Identification Number.</i>
4. Program Year	Enter the year for which program benefits are being requested. The program year entered determines the 3-year period used for the calculation of the average adjusted gross income (AGI) for payment eligibility and the years for which this consent allows access to tax information.
5. Average Adjusted Gross Income	Select the box next to the response that describes the average adjusted gross income for the applicable 3-year period for the program year entered in Item 4. <i>Select only one response.</i>
6. Signature	Read the acknowledgments, responsibilities and authorizations, before affixing your signature. <u>Power of Attorney (Form FSA-211) on file with USDA cannot be used as evidence of signature authority.</u>
7. Title/Relationship	Enter title or relationship to the legal entity identified in Item 2, if applicable.
8. Date	Enter the signature date in month, day and year. <i>This form must be returned to FSA within 90 days of the signature date for the consent to be valid.</i>

FSA-2001
(04-01-26)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

REQUEST FOR DIRECT LOAN ASSISTANCE

FSA suggests applicants use the available corresponding instructions for the proper completion of this form. Assistance is also available from your local FSA office for any part of the application process. FSA can provide assistance in completing requested forms, explain what information is necessary, and answer any questions regarding the application process.

Farm Loan Teams located at 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 www.farmers.gov/service-center-locator.

Race, Ethnicity, and Sex 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/Ethnicity. This information will not be used to evaluate the application.

IMPORTANT NOTICE

Within 7 calendar 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. Incomplete applications cannot be processed. If you do not receive this letter within 7 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 – Primary Applicant/Farm Operator.**"

Once you have identified the farm operator, proper guidance for completing this form can be found in the table under Part A on Page 1.

LOAN INFORMATION

The Farm Service Agency offers loans to help farmers and ranchers get the financing they need to start, expand, or maintain a family farm. You are encouraged to reach out to your local FSA County Office Farm Loan Team and discuss all the possible financing options available to you. FSA also publishes Fact Sheets outlining available Farm Loan Programs. They contain detailed information about loan limits, eligibility, and the terms of each loan type. They are available for viewing on-line at <https://www.fsa.usda.gov/news-room/fact-sheets/index>.

This application will allow submission for MOST loan types. Page 12 contains a checklist of the additional items needed for a complete application. A brief description of the loan types can be found below:

FARM OWNERSHIP LOANS - Can be used to: Purchase a farm; Enlarge or Improve an existing one; Construct new farm buildings; Improve existing farm buildings; Pay closing costs; and Implement soil and water conservation and protection practices. These have an aggregate limit of \$600,000 per borrower.

FARM OPERATING LOANS - Can be used for: Initial start-up expenses; Annual input costs; Family living expenses; Purchase of equipment, livestock, and other materials essential to farm operations; Minor farm improvements such as wells and coolers; Hoop houses; Essential tools; Irrigation; and Delivery vehicles. These have an aggregate limit of \$400,000 per borrower.

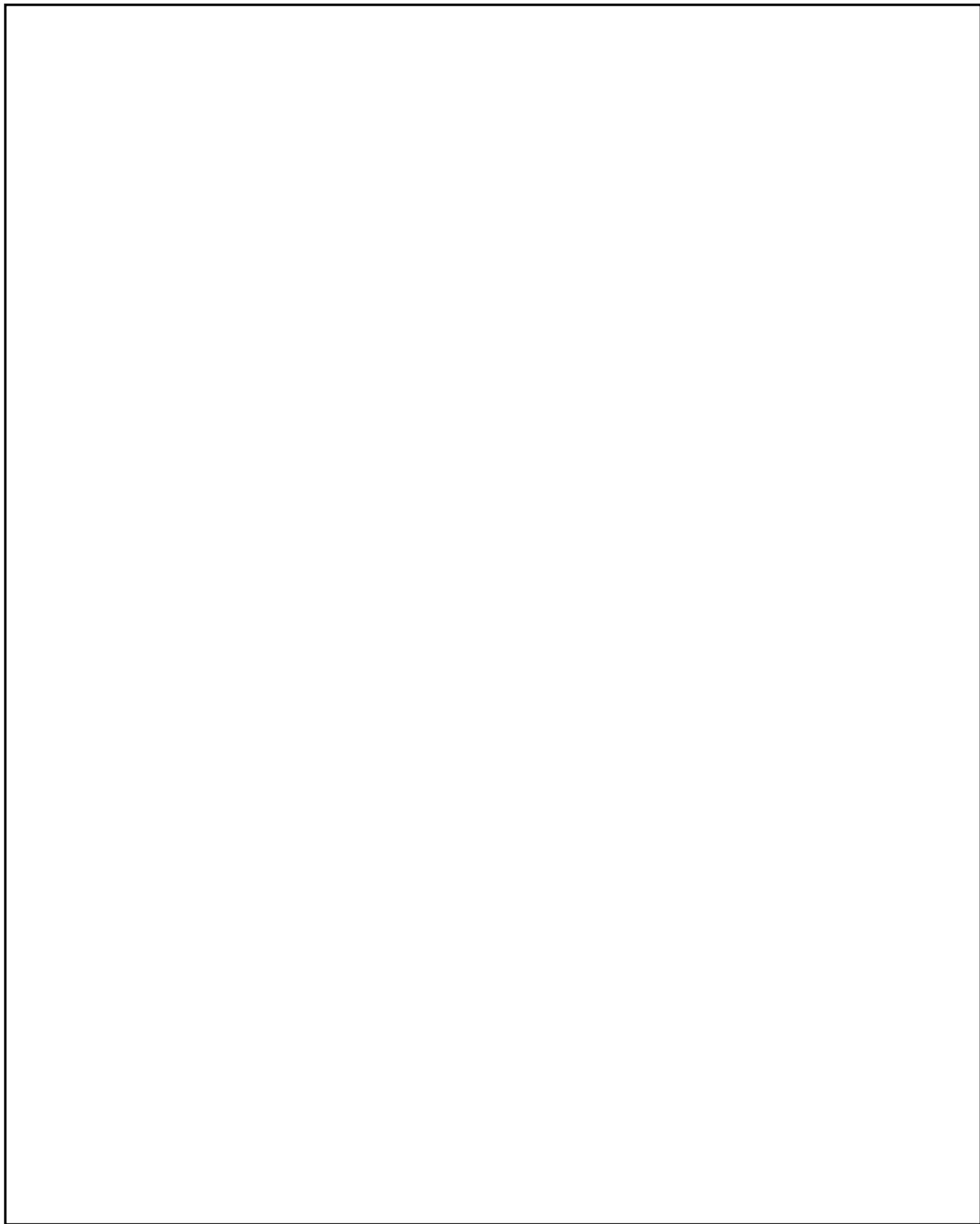
MICROLOANS - These are FSA's smallest loans and represent aggregate balances under \$50,000 per loan type, per borrower. Consistent with a lower loan amount, this loan type requires less documentation and is a simplified process. Microloans can be made for either Farm Ownership purposes or Operating purposes.

EMERGENCY LOANS - These loans are to help producers recover from production and physical losses due to drought, flooding, other natural disasters, or quarantine. Emergency (EM) loans may be used to: Restore or replace essential property; Pay all or part of production costs associated with the disaster year; Pay essential family living expenses; Reorganize the farming operation; and Refinance certain debts. These have an aggregate limit of \$500,000 per borrower.

LOAN SERVICING APPLICANTS ONLY

This application is used by distressed or delinquent Farm Loan borrowers to request Primary Loan Servicing. It is also used by existing borrowers and potential new customers to request a Transfer and Assumption servicing action. Borrowers may also use this application to request Shared Appreciation Amortization.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS



FSA-2001
(04-01-26)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

REQUEST FOR DIRECT LOAN ASSISTANCE

Instructions: FSA loan requests are to be submitted in the name of the OPERATOR of the farm.**PART A - PRIMARY APPLICANT / FARM OPERATOR**

1. Exact Full Legal Name Jordan Avery Rivera			
2A. Address Line 1 100 Example Farm Road		3A. Primary Phone Number Home Cell (806) 555-0142	
2B. Address Line 2		3B. Alternative Phone Number Home Cell	
2C. City Shallowater	2D. State TX	2E. Zip 79363	4. Email Address jordan.rivera@example.com
5. Select applicant type from the table below and follow applicable instructions for completing the application:			
Operating as a(n):			Complete:
☐ Individual			PARTS B, E, F, G, H, I, J, L
☐ Informal Entity (two or more persons applying jointly, including married persons)			PARTS B, D, E, F, G, H, I, J, L
☐ Legal Entity			PARTS C, D, E, F, G, H, I, J, L
6. I am an existing customer and my information has not changed. (Check Box if "YES" and skip Parts B, C, and D) ☐			

PART B - PRIMARY APPLICANT INFORMATION

1. Social Security Number (9 Digits)		2. Birth Date (MM/DD/YYYY)		3. County of Operation Headquarters Lubbock	
4. Military Veteran Status ☐ Yes, I am a military veteran ☐ No, I am not a military veteran		5. Marital Status ☐ Married ☐ Separated ☐ Divorced ☐ Unmarried ☐ Married, Applying as Individual		6. Applicant is: ☐ U.S. Citizen ☐ Non-Citizen National* ☐ Resident Alien* ☐ 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. Race/Ethnicity: (Note: Select all that apply.) ☐ American Indian/Alaskan Native ☐ Hispanic or Latino ☐ White ☐ Asian ☐ Middle Eastern or North African ☐ Black/African American ☐ Native Hawaiian or Pacific Islander				8. Sex (Individual) ☐ Male ☐ Female	

PART C - ENTITY APPLICANT INFORMATION**NOTE:** Individual liability will be required regardless of entity type. By signing in Part J you certify that you have read and understand the statements and certifications on Pages 9 through 10.

1. Entity Type ☐ Cooperative ☐ Revocable Trust ☐ Limited Liability Company ☐ Formal Partnership ☐ S Corp ☐ C Corp ☐ Life Estate ☐ Irrevocable Trust ☐ Other (Specify):		2. State of Registration	3. Registration Number
		4. Tax Identification Number (9 Digits)	
		5. Exact Full Legal Name of Primary Entity Contact	
6. Does the Entity Contain an Embedded Entity? ☐ YES, (Complete Items 7, 8, & 9 for each entity) ☐ NO, (Proceed to Part D)			
7. List all Embedded Entities		8. Percentage of Interest (%)	9. Number of Entity Members
Initials: Date:			

PART D - OTHER MEMBER INFORMATION

Instructions: If not already provided above, entity members (*or spouses*) will complete Items 1 through 12. Items 13 and 14 are voluntary. Signature and Date block on Page 10 must be completed for all entity members. **Duplicate this page as needed to include each entity member.**

ADDITIONAL MEMBER INFORMATION

NOTE: Individual liability will be required regardless of the entity type. By signing on Page 10 you certify that you have read and understand the statements and certifications on Pages 3, 9 and 10.

1. Exact Full Legal Name of Entity Member			2. Social Security Number (9 Digits)		3. Birth Date (MM/DD/YYYY)	
4A. Street Address			5. Phone (Include Area Code)		6. Percentage of Ownership	
4B. City	4C. State	4D. Zip	7. Email Address			
8. Occupation/Employment					9. Annual Non-Farm Income (\$)	
10. Military Veteran Status ☐ Yes, I am a military veteran ☐ No, I am not a military veteran		11. Marital Status ☐ Married ☐ Separated ☐ Divorced ☐ Unmarried ☐ Married, Applying as Individual		12. Applicant is: ☐ U.S. Citizen ☐ Non-Citizen National* ☐ Resident Alien* ☐ 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).		
13. Race/Ethnicity: (Note: Select all that apply.) ☐ American Indian/Alaskan Native ☐ Hispanic or Latino ☐ White ☐ Asian ☐ Middle Eastern or North African ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander					14. Sex (Individual) ☐ Male ☐ Female	

ADDITIONAL MEMBER INFORMATION

NOTE: Individual liability will be required regardless of the entity type. By signing on Page 10 you certify that you have read and understand the statements and certifications on Pages 3, 9, and 10.

1. Exact Full Legal Name of Entity Member			2. Social Security Number (9 Digits)		3. Birth Date (MM/DD/YYYY)	
4A. Street Address			5. Phone Number (Include Area Code)		6. Percentage of Ownership	
4B. City	4C. State	4D. Zip	7. Email Address			
8. Occupation/Employment					9. Annual Non-Farm Income (\$)	
10. Military Veteran Status ☐ Yes, I am a military veteran ☐ No, I am not a military veteran		11. Marital Status ☐ Married ☐ Separated ☐ Divorced ☐ Unmarried ☐ Married, Applying as Individual		12. Applicant is: ☐ U.S. Citizen ☐ Non-Citizen National* ☐ Resident Alien* ☐ 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).		
13. Race/Ethnicity: (Note: Select all that apply) ☐ American Indian/Alaskan Native ☐ Hispanic or Latino ☐ White ☐ Asian ☐ Middle Eastern or North African ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander					14. Sex (Individual) ☐ Male ☐ Female	

Initials: Date:

PART E - LOAN REQUEST

1. Select the type of request you are making:		
☐ New Loan Request	☐ Loan Servicing Request	☐ Transfer & Assumption
1A. Request 1 of	1B. Use of Loan Proceeds:	1C. \$ Amount Requested
2A. Request 2 of	2B. Use of Loan Proceeds:	2C. \$ Amount Requested
3A. Request 3 of	3B. Use of Loan Proceeds:	3C. \$ Amount Requested

PART F - TRAINING, EDUCATION, AND EXPERIENCE1. I have the following training, education, and/or experience (*Check all that apply*):

☐ Operator of a farm or ranch; enter year started:	☐ Successfully completed a community-based, nationally based, non-profit, or similar farm workshop program
☐ FSA Youth Loan participant	☐ Raised on a farm and held significant responsibility for day-to-day management decisions for at least 1 entire production and marketing cycle
☐ Participated in 4-H or FFA	☐ Agricultural related apprenticeship
☐ Grew up on a farm or ranch	☐ Agricultural related mentorship
☐ 4-year degree in an agriculture related field	☐ Non-farm business or management experience
☐ 2-year degree in an agriculture related field	☐ Been honorably discharged from the armed forces of the United States
☐ Completed Beginning Farmers & Ranchers Development Program	☐ Participated in Service Corps of Retired Executives (SCORE) Program
☐ Agricultural related Community Based Organizations	☐ Other (<i>Describe below</i>):
☐ Agricultural related Tribal Youth Organizations	
☐ Employed as a farm manager	
☐ Employed as a farm management consultant	
☐ Employed in an other agricultural related field	
☐ Successful completion of farm management curriculum offered by the Cooperative Extension Service, a community college, adult vocational agriculture program, or land grant university	

2. Explanation, if needed:

--

PART G - CERTIFICATION & ELIGIBILITY

	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>	☐	☐
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?	☐	☐
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>	☐	☐
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>	☐	☐
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>	☐	☐
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>	☐	☐
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>	☐	☐
8. Additional Information. 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.		
Initials:	Date:	

PART H - BALANCE SHEET (Summary of Schedules)**NOTE: PART MAY BE SUBSTITUTED.** Applicant may submit alternative documents (<90 days old) that provide the information collected on this part.

Check here if you are submitting alternative documents and proceed to Part I.

Balance Sheet of:

As of:

FARM				
1A. Current Farm Assets		\$ Market Value	1B. Current Farm Liabilities	\$ Owed
Cash & Equivalents (Sch. A)			Accounts Payable (Sch. AA)	
Marketable Bonds & Securities			Income Taxes Payable	
Accounts Receivable (Sch. B)			Real Estate Taxes Payable	
Crop Inventory (Sch. C)			Notes Payable (12 months or less) (Sch. BB)	
Growing Crops (Sch. D)			Total Annual Payments of Int. Notes Payable (Sch. CC)	
Market Livestock & Poultry (Sch. E)			Total Annual Pymts of L. Term Notes Payable (Sch. DD)	
Livestock Products (Sch. F)				
Prepaid Expenses & Supplies (Sch. G)				
Other (Specify):				
TOTAL CURRENT FARM ASSETS:			TOTAL CURRENT FARM LIABILITIES:	
1C. Intermediate Farm Assets		\$ Market Value	1D. Intermediate Farm Liabilities	\$ Owed
Machinery & Equipment (Sch. H)			Debts due in over 1 year but less than 7 (Sch. CC)	
Farm Vehicles (Sch. I)				
Breeding Stock (Sch. J)				
Notes Receivable (Sch. K)				
Not Readily Marketable Bonds and Securities				
Other (Specify):				
TOTAL INTERMEDIATE FARM ASSETS:			TOTAL INTERMEDIATE FARM LIABILITIES:	
1E. Long-term Farm Assets		\$ Market Value	1F. Long-term Farm Liabilities	\$ Owed
Buildings & Improvements (Sch. L)			Debts due over 7 years (Sch. DD)	
Real Estate - Land (Sch. M)				
Other (Specify):				
TOTAL LONG-TERM FARM ASSETS:			TOTAL LONG-TERM FARM LIABILITIES:	
PERSONAL				
2A. Current Personal Assets		\$ Market Value	2B. Current Personal Liabilities	\$ Owed
Cash & Equivalents (Sch. N)			Notes Payable (12 months or less) (Sch. EE)	
Marketable Bonds & Securities			Credit Card Debt (Sch. FF)	
Cash Value Life Insurance (NOT FACE VALUE)				
Other (Specify):				
TOTAL CURRENT PERSONAL ASSETS:			TOTAL CURRENT PERSONAL LIABILITIES:	
2C. Intermediate Personal Assets		\$ Market Value	2D. Intermediate Personal Liabilities	\$ Owed
Household Goods				
Car, Recreational Vehicles, etc. (Sch. O)				
Other (Specify):				
TOTAL INTERMEDIATE PERSONAL ASSETS:				
2E. Long-term Personal Assets		\$ Market Value	2F. Long-term Personal Liabilities	\$ Owed
Retirement Accounts (Sch. P)			Debts due over 1 year (Sch. GG)	
Non-farm Business				
Non-farm Real Estate (Sch. Q)				
Other (Specify):				
TOTAL LONG-TERM PERSONAL ASSETS:			TOTAL LONG-TERM PERSONAL LIABILITIES:	
3A. GRAND TOTAL ASSETS (\$):			3B. GRAND TOTAL LIABILITIES (\$):	
3C. TOTAL NET EQUITY: (\$ Grand Total Assets - \$ Grand Total Liabilities)				

FARM ASSETS SCHEDULES (Attach additional pages if necessary)									
4A. SCHEDULE A - CASH & EQUIVALENTS					\$ Market Value				
Cash on Hand									
Checking									
Savings									
4B. SCHEDULE B - ACCOUNTS RECEIVABLE					\$ Market Value				
4C. SCHEDULE C - CROP INVENTORY									
Type	Measure	# Units	\$/Unit	\$ Market Value					
4D. SCHEDULE D - GROWING CROPS									
Type		# Acres	\$/Acre	\$ Market Value					
4E. SCHEDULE E - MARKET LIVESTOCK & POULTRY									
Type	# Head	Weight	\$/Unit	\$ Market Value					
4F. SCHEDULE F - LIVESTOCK PRODUCTS									
Type	Measure	# Units	\$/Unit	\$ Market Value					
4G. SCHEDULE G - PREPAID EXPENSES & SUPPLIES					\$ Market Value				
4H. SCHEDULE H - MACHINERY & EQUIPMENT									
Type	Make	Model	Year	\$ Market Value					
4I. SCHEDULE I - FARM VEHICLES									
Type	Make	Model	Year	\$ Market Value					
4J. SCHEDULE J - BREEDING STOCK									
Type	Raised/Purch	# Units	\$/Unit	\$ Market Value					
4K. SCHEDULE K - NOTES RECEIVABLE					\$ Market Value				
4L. SCHEDULE L - BUILDING & IMPROVEMENTS					\$ Market Value				
4M. SCHEDULE M - FARM REAL ESTATE- LAND									
Farm Name	Total Acres	% Owned	\$/Acre	\$ Market Value					

PERSONAL ASSETS SCHEDULES *(Attach additional pages if necessary)*

[illegible]

FARM LIABILITIES SCHEDULES

5A. SCHEDULE AA - FARM ACCOUNTS PAYABLE	\$ Owed	FARM ACCOUNTS PAYABLE (Con't)	\$ Owed

5B. SCHEDULE BB - FARM NOTES PAYABLE (12 months or less)

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL FARM NOTES PAYABLE:							

5C. SCHEDULE CC - FARM INTERMEDIATE DEBTS PAYABLE (Between 1-7 years)

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL FARM INTERMEDIATE DEBTS PAYABLE:							

5D. SCHEDULE DD - FARM LONG-TERM DEBTS PAYABLE (Over 7 years)

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL FARM LONG-TERM DEBTS PAYABLE:							

PERSONAL LIABILITIES SCHEDULES**6A. SCHEDULE EE - PERSONAL NOTES PAYABLE (12 months or less)**

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL PERSONAL NOTES PAYABLE:							

6B. SCHEDULE FF - CREDIT CARDS

Creditor	\$ Monthly Payment Amount	Current Balance	Check if PIF w/in 12 mos
TOTAL CREDIT CARDS:			

6C. SCHEDULE GG - PERSONAL TERM DEBTS PAYABLE (Over 12 months)

Creditor	Purpose	% Interest Rate	\$ Accrued Interest	Next Due Date	# of Pmts/Year	\$ Payment Amount	\$ Principal Balance
TOTAL PERSONAL TERM DEBTS PAYABLE:							

PART I - CASH FLOW PROJECTION**NOTE: PART MAY BE SUBSTITUTED.** Applicant may submit alternative documents (*<90 days old*) that provide the information collected on this part.

Check here if you are submitting alternative documents and proceed to Part J.

Production Cycle: Start Date

End Date

OPERATING PLAN - PRODUCTION/INCOME**1A. CROP PRODUCTION**

Type/Description	Unit/Measure	# Acres	Yield	Farm Use, if any	% Share	\$ Per Unit	\$ Total

1B. LIVESTOCK & POULTRY - RAISED

Description	# Units	Type	Sales Weight	\$ Per Lb/Unit	\$ Total

1C. LIVESTOCK & POULTRY - PURCHASED

Description	# Units	Purchase Weight	\$ Purchase	Sales Weight	\$ Per Lb/Unit	\$ Total

1D. DAIRY LIVESTOCK

Description	Breed	# Head	Purch. or Raised	Purchase Weight	\$ Purchase	Sales Weight	\$ Per Lb/Unit	\$ Total

1E. MILK PRODUCTION

Description	Breed	# Head	# Production/Head	\$ Per Unit	\$ Total

1F. LIVESTOCK PRODUCT SALES

Description	Production	Measure	# Units	\$ Per Unit	\$ Total

1G. OTHER FARM INCOME

Income Type	Description	\$ Total
Custom Hire Income		
Other (<i>Specify</i>)		

1H. NON-FARM INCOME

Income Type	Description	\$ Total
Personal Income		
Business Income		
Other (<i>Specify</i>)		

1I. GRAND TOTAL INCOME (\$):

OPERATING PLAN - EXPENSES

2A. EXPENSES

Expense Type	\$ Amount	Expense Type	\$ Amount
Car & Truck		Rent - Machine / Equip. / Vehicle (<i>Total from 2B(1)</i>)	
Chemicals		Rent - Land / Animals (<i>Total from 2B(2)</i>)	
Conservation		Repairs & Maintenance	
Custom Hire		Seeds & Plants	
Feed - Supplement		Storage & Warehousing	
Feed - Grain & Roughage		Supplies	
Fertilizer & Lime		Taxes - Real Estate	
Freight & Trucking		Utilities	
Gas / Fuel / Oil		Vet / Breeding / Medicine	
Insurance		Other Expenses	
Labor Hired		Other Expenses - Irrigation	

2B. SCHEDULED ITEMS

2B(1). Rent - Machine / Equipment / Vehicle

Owner/Dealer	Description	# Units	\$ Amount Paid
TOTAL RENT - MACHINE / EQUIPMENT / VEHICLE (<i>Enter this amount in 2A</i>):			

2B(2). Rent - Land / Animals (*Or attach FSA Producer Farm Data Reports*)

Owner	County/State	Section/TWP	Farm No.	Total Acres	Crop Acres	% Share	\$/Acre	\$ Total Paid
TOTAL RENT - LAND / ANIMALS (<i>Enter this amount in 2A</i>):								

2C. OTHER EXPENSES

2C(1). Total Household Operating Expenses (*Ex. Utilities, phone, entertainment, groceries, etc*):

2C(2). List any planned Capital Purchases this operating year:

Type of Capital Purchase	\$ Amount
2D. GRAND TOTAL EXPENSES (\$):	
3. NET INCOME/LOSS (\$ PRIOR TO DEBT REPAYMENT): (\$ Total Income - \$ Total Expenses)	

PART J - NOTIFICATIONS, DISCLOSURES & ACKNOWLEDGEMENT

1. 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 sex 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, Middle Eastern or Northern African, 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.

2. 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.

3. 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.

- 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.

Initials:

Date:

4. 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.

5. 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.

6. TEST FOR CREDIT:

The applicant, and all entity members in the case of an entity, certifies that they are unable to obtain sufficient credit elsewhere to finance actual needs at reasonable rates and terms.

7. LOAN SERVICING:

By checking the box for Loan Servicing in Part E, applicant certifies that they wish to apply for all servicing programs available.

8. ECOA - RIGHT TO RECEIVE APPRAISAL:

As part of the assistance provided by FSA, an appraisal report or written real estate valuation may be required to determine the value of the property you intend to pledge as security. If FSA orders an appraisal or completes a written real estate valuation, you will receive a copy at no cost. You will receive a copy at least three business days prior to the closing of your loan or servicing action. On occasion, the three-day waiting period could cause a delay in loan closing. If you so choose, you have a right to waive this waiting period and a copy will be provided to you no later than the time of loan closing.

9. 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, 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. 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.**

10. 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).

10A. Signature	10B. Printed Name Jordan Avery Rivera	10C. Date (MM/DD/YYYY)
10D. Capacity: ☐ Self ☐ Entity Representative		

10E. Signature	10F. Printed Name	10G. Date (MM/DD/YYYY)
10H. Capacity: ☐ Self ☐ Entity Representative		

10I. Signature	10J. Printed Name	10K. Date (MM/DD/YYYY)
10L. Capacity: ☐ Self ☐ Entity Representative		

PART K - FSA USE ONLY

1. Date FSA-2001 Received (MM/DD/YYYY)	2. Date Application Complete (MM/DD/YYYY)	3A. Amount of Credit Report Fee Received (\$)	3B. Date Credit Report Fee Received (MM/DD/YYYY)

4. Type(s) of Assistance Requested (<i>Mark all that apply</i>): ☐ FO-Part. ☐ OL-A ☐ EM ☐ LR ☐ Microloan ☐ FO-DP ☐ OL-T ☐ CL ☐ Primary Loan Servicing (PLS) ☐ FO-Reg. ☐ PLS with Conservation Contract ☐ Transfer and Assumption ☐ Shared Appreciation Amortization ☐ Other (specify): _____	5. Type of Applicant (<i>Select all that apply</i>): ☐ BF ☐ SDA - Sex ☐ NBF ☐ SDA - Ethnic
	6. Name of Agency Official Receiving Application

7. Name of Participating Lender, if applicable:

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 (7 U.S.C. 1921 et seq.), 7 CFR Part 761, and 7 CFR Part 764. 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, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410, 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.

PART L - SUPPORTING INFORMATION

Instructions: The items below are required for a completed application. NOTE: In addition to these items FSA may request further documentation deemed necessary by the loan official for effective evaluation of your loan request(s).

SUBMISSION REQUIREMENTS

☐	Most recent 3 years of Financial Records (<i>I.E. Tax Returns including all forms/schedules or similar</i>) Microloans ONLY: ONE year required
☐	Most recent 3 years of Production Records (<i>Crop insurance APH, livestock production numbers or similar</i>) Microloans ONLY: ONE year required
☐	Two most recent pay stubs/applicant (<i>Or other proof of non-farm income</i>) Microloans ONLY: if relied upon for repayment
☐	Verification of all debts over \$5,000 (<i>NOT appearing on a credit report</i>) - NOT applicable to Microloans
☐	Credit Report Fee (\$16/individual, \$24.50/married couple, & \$50/entity)
☐	AD-1026 (<i>Must be on file and up to date with FSA office</i>)
☐	Non-applicant Spouse ONLY: Verification of non-farm income/assets, if relied upon for repayment
☐	Farm Ownership Loans ONLY: Signed Sales Agreement
☐	Farm Ownership Loans ONLY: Full Legal Description of the property being purchased (<i>And any other agreements regarding the property</i>)
☐	Emergency Loans ONLY: Form FSA-2309, "Certification of Disaster Losses"

If applying as an Entity, also provide the information below (Including ALL embedded entities):

☐	Copies of Original Documents (<i>Charter, Articles of Incorporation, Bylaws, Agreements, etc.</i>)
☐	A duly adopted resolution to apply for and obtain financing
☐	A balance sheet for each entity (<i>If not already completed as part of this application</i>)
☐	A balance sheet for each entity member (<i>If not already completed as part of this application</i>)
☐	AD-3030 - Applicable ONLY to Corporate Applicants (<i>Not including LLCs or Trusts</i>)

REMINDER: If Parts H and/or I were substituted for other documents, those must also be provided.



Representations Regarding Felony Conviction and Tax Delinquent Status for Corporate Applicants

Note: You only need to complete this form if you are a corporation.

A corporation includes, but is not limited to, any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.

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 following information for U.S. Department of Agriculture (USDA) agencies and staff offices is in Division E, Title VII, §§ 744, 745 of the Consolidated Appropriations Act, 2022, Public Law 117-103 as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.

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 0505-0025. The time required to complete this information collection is estimated to average 15 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.

PART A – APPLICANT

1. APPLICANT'S NAME	2. APPLICANT'S ADDRESS (Including Zip Code)	3. TAX ID NO. (Last 4 digits)
Jordan Avery Rivera	100 Example Farm Road, Shallowater, TX 79363	

4A. Has the Applicant been convicted of a felony criminal violation under any Federal law in the 24 months preceding the date of application? ☐ YES ☐ NO

4B. Does the Applicant have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability? ☐ YES ☐ NO

Providing the requested information is voluntary. However, failure to furnish the information will make the applicant ineligible to enter into a contract, memorandum of understanding, grant, loan, loan guarantee, or cooperative agreement with USDA.

PART B – SIGNATURE

5A. APPLICANT'S SIGNATURE (BY)	5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY	5C. DATE SIGNED (MM-DD-YYYY)

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, audiotape, 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 [How to File a Program Discrimination Complaint](#) 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.

CCC-860
(01-11-23)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

**SOCIALLY DISADVANTAGED, LIMITED RESOURCE,
BEGINNING AND VETERAN FARMER OR RANCHER
CERTIFICATION**

1A. County FSA Office Name and Address
(Including Zip Code)

1B. Telephone Number
(Area Code)

1C. Program Year

2. Applicant's Name and Address

INSTRUCTIONS:

Complete Parts A, B, C D, and/or E as applicable. Read the information relating to false certification in Part F. Return this form to the address in Item 1 above.

INFORMATION: If a legal entity requests to be considered a "socially disadvantaged," "limited resource," "beginning" or "veteran" farmer or rancher, the entity must meet the definition as provided on Page 2 of this form. Farmer or rancher includes; "owners", "operators" and "other producers".

PART A – CERTIFICATION OF SOCIALLY DISADVANTAGED FARMER OR RANCHER

3. I certify that I am a member of a group listed below, whose members have been subject to racial, ethnic, or gender prejudice because of their identity as members of a group without regard to their individual qualities. (Check all that apply but note that if only "women" is checked without selecting the other category, the selection does not make the applicant socially disadvantaged for conservation programs).

- ☐ Women.
- ☐ American Indians or Alaskan Natives. Asians or Asian Americans, Black or African Americans, Native Hawaiians or other Pacific Islanders, Hispanics.

PART B – CERTIFICATION OF LIMITED RESOURCE FARMER OR RANCHER

Limited resource farmer or rancher status can be determined by using a web site available through the Limited Resource Farmer and Rancher Online Self-Determination Tool through Natural Resources Conservation Service at <https://lrftool.sc.egov.usda.gov/>.

4. I certify that the following statements are true by checking the box:

My/our direct or indirect gross farm sales (as individuals, if applicable for the entity or joint operation) do not exceed the amount identified in the Limited Resource Farmer/Rancher Self-Determination Tool for the 2 calendar years that precede the complete taxable year before the relevant program year (see Table 1 on Page 2 of this form), adjusted upwards in later years for any general inflation.

My/our total household income (as individuals, if applicable for the entity or joint operation) was at or below the national poverty level for a family of four in each of the same 2 previous years (see Table 1 on Page 2 of this form) referenced above.

PART C – CERTIFICATION OF BEGINNING FARMER OR RANCHER

☐ 5. I certify that the following statements are true by checking the box and providing the date I began farming:

I (or if applicable, the entity or joint operation) have not operated a farm or ranch for more than 10 years.

I (or if applicable, the entity or joint operation) substantially participate in the operation.

Date (Month/Year began farming)

PART D – CERTIFICATION OF VETERAN FARMER OR RANCHER

6. I certify that I am a farmer or rancher who has served in the Armed Forces as defined in 38 U.S.C. 101(10) and I meet the requirements of at least one of the boxes below: (Check all that apply)

☐ A. I (or if applicable, the entity or joint operation) have not operated a farm or ranch for more than 10 years and began farming in

Date (Month/Year)

☐ B. I (or if applicable, the entity or joint operation) am a veteran (as defined in 38 U.S.C. 101(2)) who first obtained status as a veteran during the most recent 10-year period

Date (Month/Year)

PART E – NAP COVERAGE OPTION

By submitting a certification under Parts A, B, C, and/or D, you are also certifying that you are eligible for a service fee waiver for catastrophic coverage on eligible crops under the Noninsured Crop Disaster Assistance Program (NAP) for each program year for which your certification is applicable. Additionally, higher levels of NAP coverage can be purchased with reduced premiums through your local FSA County Office. NAP is subject to 7 CFR Part 1437 and the NAP Basic Provisions, available at: <https://www.fsa.usda.gov/programs-and-services/disaster-assistance-program/noninsured-crop-disaster-assistance/index>

Your signature on this certification is your application for NAP catastrophic coverage, and acknowledgement and receipt of the NAP Basic Provisions, on eligible crops for each program year for which your certification is applicable, unless you opt out of NAP catastrophic coverage for eligible crops in Item 7 below. For more information about NAP, visit your local FSA County office.

7. If you do not want to participate in NAP, enter a check mark in the box provided. I elect to opt out of NAP coverage ☐

PART F – PENALTY FOR FALSE CERTIFICATION

The penalty for false certification is loss of all benefits for the crop year in which the false certification was made.

8A. Applicant's Signature (By)	8B. Title/Relationship of the Individual Signing in the Representative Capacity	8C. Date (MM-DD-YYYY)

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 the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.) and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to certify that an individual, legal entity, or joint operation is a member of a socially disadvantaged group, qualifies as a limited resource CCC producer, qualifies as a beginning farmer or rancher or qualifies as a veteran farmer or rancher. 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 ineligibility for socially disadvantaged, limited resource, or beginning farmer or rancher program benefits.

Paperwork Reduction Act (PRA) Statement: Information collection is exempted from PRA as specified in 7 U.S.C. 9091(c)(2)(B).

Public Burden Statement (Paperwork Reduction Act): Public reporting burden for this collection is estimated to average 6 minutes per response, including reviewing instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. For the CFAP, ERP Phase 1 and 2, and FSCSC, you are not required to respond to this collection of information unless valid OMB control numbers are displayed.

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.

Definitions:**A. Socially Disadvantaged Farmer or Rancher:**

A socially disadvantaged farmer or rancher is a farmer or rancher who is a member of a group whose members have been subject to racial, ethnic, or gender prejudice because of their identity as members of a group without regard to their individual qualities. Groups include: American Indians or Alaskan Natives, Asians or Asian Americans, Blacks or African Americans, Native Hawaiians or other Pacific Islanders, Hispanics, and women (for those selecting a group that includes gender). Note that if applicant only checks “women” without also selecting the other category the selection does not make applicant socially disadvantaged for conservation programs.

For entities requesting to be considered socially disadvantaged, at least 50% of the interest must be held by socially disadvantaged individuals.

B. Limited Resource Farmer or Rancher:

A limited resource farmer or rancher is a farmer or rancher that meets the criteria for both of the following:

- A producer whose direct or indirect gross farm sales do not exceed the amount identified in the Limited Resource Farmer/Rancher Self-Determination Tool* in each of the 2 calendar years that precede the complete taxable year before the relevant program year, adjusted upwards in later years for any general inflation, and

Table 1: Direct and Indirect Gross Sales	
Program Year	Corresponding Years
2017	2014 and 2015
2018	2015 and 2016
2019	2016 and 2017
2020	2017 and 2018

- A producer whose total household income was at or below the national poverty level for a family of four in each of the same 2 previous years reference in paragraph (1) of this definition.

* A limited resource farmer or rancher status can be determined using the web site available through the Limited Resource Farmer and Rancher Online Self-Determination Tool through Natural Resources Conservation Service at <https://lrftool.sc.egov.usda.gov/>.

For entities requesting to be considered limited resource farmer or rancher, all members must be a limited resource farmer or rancher.

Note: This definition is not applicable to Farm Loan Programs.

C. Beginning Farmer or Rancher:

A beginning farmer or rancher is a person or legal entity for which both of the following are true for the farmer or rancher:

- Has not operated a farm or ranch for more than 10 years, and
- Materially and substantially participates in the operation.

For entities to be considered a beginning farmer or rancher, at least 50% of the interest must be beginning farmers or ranchers.

NOTE: This definition is not inclusive of all Farm Loan Programs requirements.

D. Veteran Farmer or Rancher:

A veteran farmer or rancher is a farmer or rancher who has served in the Armed Forces (as defined in section 101 (10) of title 38) and who —

- Has not operated a farm or ranch for more than 10 years total, or
- Has obtained status as a veteran (as so defined in 38 U.S.C. 101(2)) during the most recent 10-year period.

For entities requesting to be considered a veteran farmer or rancher, at least 50% of the interest must be held by veteran farmers or ranchers.

E. NAP Coverage Option:

The Noninsured Crop Disaster Assistance Program (NAP) provides financial assistance to producers of non-insurable crops when a low yield, loss of inventory, or prevented planting occurs due to natural disasters. Non-insurable crops are those not insured by the Federal Crop Insurance Corporation. Eligible crops for NAP are commercially grown for food or fiber (excluding livestock and their by-products), commodities, and industrial crops for which crop insurance, excluding pilot coverage, is not available.

Catastrophic coverage is equal to 50 percent of your expected yield and 55 percent of the expected price for the eligible crop (referred to as Basic 50/55). You are not required to pay a fee or a premium for this level of coverage. Additional coverage options and higher levels of coverage are available with a premium. To avail yourself to these options, you must timely file CCC-471 (NAP Application for Coverage) in any FSA County office.

For additional information regarding NAP, visit FSA's NAP page at:

<https://www.fsa.usda.gov/programs-and-services/disaster-assistance-program/noninsured-crop-disaster-assistance/index>