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| ***REQUEST FOR MICROLOAN ASSISTANCE*** |
| **INSTRUCTIONS FOR PREPARATION** |
| **Purpose:**This form is used to obtain information from applicants applying for FSA operating loans through the microloan application process. |
| **Handbook Reference:**1-FLP and 3-FLP | **Number of Copies:**Original only |
| **Signatures Required:**Original by Individual applicant and/or Authorized Entity Representative |
| **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, B, D, F and G.**

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

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

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

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

**All Entity Applicants complete Parts A, C, D, F and G. Each individual Entity Member must complete Parts E and G. All parts may be replicated as necessary to include all associated entities and its members.**

**FSA completes Part H.**

| Fld Name /Item No. | Instruction |
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| PART A – Applicant*Items 1 – 3 are completed by all applicants.* |
| 1Exact Full Legal Name | Enter the applicant’s exact full legal name, and list all names the business is currently using. |
| 2Address | Enter applicant’s complete mailing address*,* physical address if different from mailing address. If operating as an entity, list where incorporated or otherwise registered. |
| 3Contact Information | Enter the applicant’s home or cell telephone number*,* as applicable, and e-mail address. |
| PART B – Individual Applicant Information*Items 1 – 9 are completed by the applicant. \*Items 7-9 are voluntary.*  |
| 1Social Security No. | Enter applicant’s Social Security Number *(9-digit number).* |
| 2Birth Date | Enter applicant’s date of birth. |
| 3County of Operation Head-Quarters | Enter the county where the operation headquarters is located. |
| 4Veteran Status | Check “YES”, if applicant is a veteran. Check “NO”, if not a veteran.  |
| 5Marital Status | Check the appropriate block depending on whether the applicant is married, separated or unmarried. |
| 6Citizenship | Check “Citizen”, if applicant is a U.S. citizen. Check “Non-citizen National”, if applicant is a non-citizen national. Check “Qualified Alien” if applicant is a qualified alien. If non-citizen national or qualified alien, applicant must provide a copy of appropriate documentation of immigration status. |
| 7\*Ethnicity | Check the appropriate box indicating applicant’s ethnicity. |
| 8\*Race | Check the appropriate box indicating the applicant’s race. More than one box may be checked. |
| 9\*Gender | Check the appropriate box indicating the applicant’s gender. |
| PART C – Entity Applicant Information*Items 1 – 5 are applicable to entities. Informal entities may leave Items 2-4 blank, if not applicable.* |
| 1Entity Type | Check the appropriate box indicating the entity type. |
| 2State of Registration | Enter the State where the entity is registered. |
| 3Registration No. | Enter the entity’s registration number. |
| 4Tax ID No. | Enter the entity’s Tax Identification number *(9-digit number).* |
| 5Exact Full Legal Name of Primary Entity Contact | Enter the exact full legal name of the primary entity contact.  |
| 6Embedded Entity Identifier |  If the Operating Entity has 1 or more embedded entities within its composition, check “YES” and completed Items 7 – 9. Otherwise, check “NO” and proceed to Part D. |
| 7List All Embedded Entities | If the answer to Item 6 is “YES”, enter the names of all embedded entities comprised within the Operating Entity applicant. |
| 8Percentage 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. |
| 9Number 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.  |

| Fld Name /Item No. | Instruction |
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| PART D – Financial Statements for Individual or Entity Applicant*Individual applicants and entities will fill out this part. Entity members will provide their financial statement information on Part E.*  |
| 1AIncome Description | Describe the projected farm income source (type of crop(s), livestock, etc).  |
| 1BAmount | Enter the projected annual dollar amount for each source. |
| 2Total Annual Farm Income | Enter the total dollar amount of projected annual farm income. |
| 3AExpenses Description | Describe the projected farm expenses. |
| 3BAmount | Enter the projected annual dollar amount for each of the farm expenses listed in 3A. |
| 4Total Annual Farm Expenses | Enter the total dollar amount of projected annual farm expenses. |
| 5Net Farm Income | Subtract Item 4 from Item 2 above and enter dollar amount here. This is your total projected net farm income. |
| 6Total Annual Non-Farm Income | Enter the dollar amount of total annual projected non-farm income (do not include farm income in this estimate). |
| 7Total Annual Family Living Expenses | Enter the dollar amount of total projected annual family living expenses (do not include farm expenses in this estimate). |
| 8Net Non-Farm Income | Subtract Item 7 from Item 6 above and enter dollar amount here. This is your total projected net non-farm income. |
| 9Net Total Annual Income | Add Item 5 to Item 8 and enter dollar amount here. This is your total projected net annual income from farm and non-farm sources. |
| 10AAssetsDescription | Enter description of assets owned by applicant. |
| 10BValue | Enter the dollar value of each asset listed. |
| 11Total Assets | Add the value of each asset listed in 10B above and enter the total dollar value here. |
| 12ACreditor | List the name(s) of creditors. |
| 12BPayment | Enter the annual dollar amount of payments due to each of the creditors listed.  |
| 12CBalance | Enter the total balance due (as of Balance Sheet Date) to each of the creditors listed. |
| 13Total Debts | Add the balance due for each debt listed in 12C above and enter the total dollar value here. |
| 14Total Assets | Enter the dollar amount from Item 11. |
| 15Total Debts | Enter the dollar amount from Item 13. |
| 16Net Worth | Subtract Item 15 from Item 14 and enter the dollar amount here. |
| PART E – Individual Entity Applicant Information*Items 1A – 10 are applicable to entity members. \*Items 1J – 1L are voluntary. Each entity member will complete Part E. Part E can be duplicated as needed.* |
| 1AExact Full Legal Name of entity member | Enter the individual member’s exact full legal name. |
| 1BSocial Security Number | Enter the individual member’s social security number *(9 digit number).* |
| 1CBirth Date | Enter the individual member’s birth date. |
| 1DAddress | Enter the individual member’s complete address*.* |
| 1EContact Numbers | Enter the individual member’s contact numbers. |
| 1FPercent of Ownership | Enter the individual member’s percentage of ownership in the entity. |
| 1GEmail Address | Enter the individual member’s email address. |
| 1HAnnual Non-Farm Income | Enter the individual member’s gross annual non-farm income in U.S. dollars. |
| 1IMarital Status | Check the appropriate box to indicate the individual member’s marital status. |
| 1JCitizenship | Check the appropriate box to indicate the individual member’s status as a citizen, non-citizen national or qualified alien. |
| 1K\*Ethnicity | Check the appropriate box to indicate the individual member’s ethnicity. |
| 1L\*Race | Check the appropriate box to indicate the individual member’s race. |
| 1M\*Gender | Check the appropriate box to indicate the individual member’s gender. |
| 1NVeteran Status | Check “YES, if applicant is a veteran. Check “NO”, if not a veteran. |
| 2AAssets Description | Enter description of assets owned by the individual member. |
| 2BValue | Enter the dollar value of each asset listed. |
| 3Total Assets | Add the value of each asset listed in 2B above and enter the total dollar value here. |
| 4ACreditor | List the name(s) of creditors. |
| 4BPayment | Enter the annual dollar amount of payments due to each of the creditors listed.  |
| 4CBalance | Enter the total balance due (as of Balance Sheet Date) to each of the creditors listed. |
| 5Total Debts | Add the balance due for each debt listed in 4C above and enter the total dollar value here. |
| 6Total Assets | Enter the dollar amount from Item 3. |
| 7Total Debts | Enter the dollar amount from Item 5. |
| 8Net Worth | Subtract Item 7 from Item 6 and enter the dollar amount here. |
| 9Signature | Enter the individual member’s signature to indicate that they have read the statements and certifications on Pages 3 through 5. |
| 10Date | Enter the date the individual member signed the form. |
| PART F – General Information*Items 1 – 6 are completed by all applicants.* |
| 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. |
| 4BAmount Requested | Enter the amount of loan funds requested. |
| 5Description of Operation | Enter a description of the operation. |
| 6Description of Training | Enter a description of the applicant’s farm training and experience. Include number of years farming, involvement with agriculture-related organizations, and details of apprenticeship, if applicable. |
| PART G – Notifications, Certification and Acknowledgement*Items 1 – 17C are completed by all applicants.* |
| 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 8. |
| 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 8; 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 8, 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 8, 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 8, 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 8. |
| 8Additional Answers | Provide explanations to any “YES” responses for Items 1 – 7. Use additional sheets as necessary. |
| 9 – 16Statements | Read statements and certifications in Items 9 – 16.  |
| 17A-21ASignature of Applicant, Spouse or Entity Member | Enter the signature of each individual applicant, entity member, or authorized entity representative. |
| 17B-21BCapacity | 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.” |
| 17C-21CDate Signed | Enter the date the applicant signs. |
| Part H – FSA Use OnlyItems 1 – 5 completed by FSA. |
| 1Date Form Received | Enter the date FSA-2330 Received in the Office. |
| 2Date Application Complete | Enter the date the application is considered complete. |
| 3Credit Report Fee | Enter the amount of the credit report fee. |
| 4Date Received | Enter the date the credit report fee is received. |
| 5Agency Official | Enter the name of the Agency Official receiving the application. |