

Instructions For FSA-523

EMERGENCY RELIEF PROGRAM (ERP) 2022 TRACK 1 APPLICATION

This form will be used for producers to apply for ERP 2022 Track 1 benefits.

This form is to be filed in the producer's recording County Office listed on the application in Item 5A.

Customers who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the customer submitting the form is the only person required to sign the transaction, or (2) the customer has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other customers for the program and type of transaction represented by this form.

Features for transmitting the form electronically are available to those customers with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the USDA eForms web site.

Producers, which include primary policyholders and any producers with substantial beneficial interest, must complete Items 17-19, 24 (if applicable), 32 through 33 (if applicable), and Item 35.

Prepopulated entries may not be altered.

FSA will complete fields noted as "FSA Use Only".

Item No./ Fld Name	Instruction
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Items 1 – 5 - FSA Use Only

1 Recording State/Name Code (FSA Use Only)	Prepopulated with the producer/primary policyholder's recording State name and FSA code.
2 Recording County Name/Code (FSA Use Only)	Prepopulated with the producer/primary policyholder's recording county name and FSA code.
3 Program Year (FSA Use Only)	Prepopulated with the program year associated with the crop insurance indemnity and/or NAP payment that was issued. Information obtained from Risk Management Agency (RMA) and FSA records.

Item No./ Fld Name	Instruction
4 Application Number (FSA Use Only)	Prepopulated with an application number assigned by the automated system.
5A Name and Address of Recording County FSA Office (Include City, State and Zip Code) (FSA Use Only)	Prepopulated with the name and address of the producer/primary policyholder's recording county office. Note: Signed application must be returned to the recording county office listed. Information obtained from FSA records.
5B Recording County FSA Office Telephone No. (Include Area Code) (FSA Use Only)	Prepopulated with the recording county office's telephone number. Information obtained from FSA records.
Part A - Producer Agreement	
Producer Agreement	Producers, which include primary policyholders and any producers with substantial beneficial interest, agree to provide all information required or requested by FSA for program participation in ERP 2022 Track 1. Producers also must certify whether they have experienced a qualifying loss and they understand that by receiving ERP 2022 Track 1 payments, they are required to purchase crop insurance or NAP coverage where crop insurance is not available, for the next two available crop years. Producers must obtain crop insurance or NAP, as may be applicable: <ul style="list-style-type: none"> • At a coverage level equal to or greater than 60 percent for insurable crops; or • At the catastrophic level or higher for NAP crops. Example: Producer A is issued an ERP 2022 payment on November 15, 2023, for their 2022 corn and soybean loss. Producer A must purchase crop insurance or NAP, as applicable for the crops, for both the 2024 and 2025 crop years.
Part B - Producer Information - Item 6 - 10 (FSA Use Only)	
6 Producer's Name, (Person or Legal Entity) (FSA Use Only)	Prepopulated with the full name of the producer/primary policyholder who is applying for 2022 and/or 2023 ERP 2022 Track 1 benefits. Information obtained from RMA and FSA records.

Item No./ Fld Name	Instruction
7 Address (FSA Use Only)	Item 7A Prepopulated with Address Line 1
	Item 7B Prepopulated with Address Line 2, if applicable (optional entry)
	Item 7C Prepopulated with City
	Item 7D Prepopulated with State
	Item 7E Prepopulated with Zip Code
8 Information line (FSA Use Only)	Prepopulated Information Line, reserved for future FSA use (optional entry)
9 Primary Phone Number (Include Area Code) (FSA Use Only)	9A Prepopulated with Primary Phone Number, indicate Home or Cell (optional entry)
	9B Prepopulated with Alternate Phone Number, indicate Home or Cell (optional entry)
10 Email Address (FSA Use Only)	Prepopulated with Producer Email Address (optional entry)

Part C - Insured Crop Information - Items 11-25

For questions regarding the information provided in Items 11-16, please contact your crop insurance agent.

11 Crop Year (FSA Use Only)	Prepopulated with the crop year for the insured crop and unit. Information obtained from RMA records.
12 Physical State/County Code (FSA Use Only)	Prepopulated with the physical State and county code where the insured crop is located. Information obtained from RMA records.
13 Crop (FSA Use Only)	Prepopulated with the crop that received a crop insurance indemnity. Information obtained from RMA records.
14 Unit (FSA Use Only)	Prepopulated with the unit of the insured crop. Information obtained from RMA records.
15 Estimated ERP 2022 Payment (Prior to adjustments) (FSA Use Only)	Prepopulated with the estimated ERP 2022 payment prior to adjustments for the unit and crop listed in Items 13 and 14. Adjustments may include the following: <ul style="list-style-type: none"> • Reductions due to payment limitation • Increased payment limitation • Administrative fee and premium (for underserved producers with CCC-860 on file) • Program payment factors.

Item No./ Fld Name	Instruction
16 Primary Policyholder and SBIs (FSA Use Only)	Prepopulated with the name of the producer/primary policyholder who received a crop insurance indemnity on the unit and crop identified in Items 13 and 14, along with any producers having a substantial beneficial interest (SBI) as identified on the crop insurance policy. Information obtained from RMA records.
17 Share	Manual entry, completed by the primary policyholder to designate whether they have 100 percent interest in the crop identified in items 13 and 14, or designate the appropriate share for themselves and each SBI (if applicable). Note: Share is assumed to be 100 percent to the producer/primary policyholder unless otherwise designated. If the ERP payment is divided for the unit and crop listed in Items 13 and 14, shares must total 100 percent.
18 In return for receiving an ERP 2022 payment on this crop, I agree to purchase crop insurance or NAP as provided in Part A.	Manual entry, each producer/primary policyholder and SBI (if applicable) listed in Item 17 with a share interest in the unit and crop identified in Items 13 and 14 must answer “Yes” or “No” agreeing to purchase crop insurance or NAP on the crop listed in Item 13.
19 I certify that I had a qualifying loss as defined in Part A.	Manual entry, the producer/primary policyholder listed in Items 6 and 17 must answer “Yes” or “No” to certify that the crop and unit listed in Items 13 and 14 had a qualifying loss.
20 COC Determination (FSA Use Only)	COC member or designee will check “Approved” for approval, “Disapproved” for disapproval.

Whole-Farm Revenue Protection, Whole-Farm Unit or Micro Farm Policy - Items 21-25

For questions regarding the information provided in Items 21-23, please contact your crop insurance agent.

21 Crop Year (FSA Use Only)	Prepopulated with the crop year for the associated crop insurance policy. Information obtained from RMA records.
22 Physical State/County Code (FSA Use Only)	Prepopulated with the physical State and county code where the insured crop is located. Information obtained from RMA records.

Item No./ Fld Name	Instruction
23 WFRP, Whole-Farm Unit or Micro Farm (FSA Use Only)	Prepopulated with the type of crop insurance policy. Information obtained from RMA records.
24 % of Expected Revenue or Liability from Specialty Crops.	Manual entry, applicant will certify to: <ul style="list-style-type: none"> • % of the expected revenue under the Whole-Farm Revenue Protection or Micro Farm Policy, derived from specialty crops. • % of total liability for the Whole-Farm Unit, derived from specialty crops
25 COC Adjustment of % of Revenue or Liability from Specialty Crops (FSA Use Only)	COC Adjustment that will override the manual entry in item 24.

Part D – NAP Crop Information - Items 26-34

For questions regarding information provided in Items 26-31, please contact your administrative FSA County Office.

26 Crop Year (FSA Use Only)	Prepopulated with the crop year for the NAP-covered pay crop and unit. Information obtained from FSA records.
27 Admin State/County Code (FSA Use Only)	Prepopulated with the administrative State and county code. Information obtained from FSA records.
28 Pay Group (FSA Use Only)	Prepopulated with the pay group which received a NAP payment for the crop year identified in Item 26. Information obtained from FSA records.
29 Pay Crop (FSA Use Only)	Prepopulated with the pay crop name and the associated indicator, (S) indicating Specialty crop or (NS) for Non-specialty crop, which received a NAP payment for the crop year identified in Item 26. Information obtained from FSA records.
30 Unit (FSA Use Only)	Prepopulated with the NAP unit number associated to the crop which received a NAP payment. Information obtained from FSA records.

Item No./ Fld Name	Instruction
31 Estimated ERP 2022 Payment (Prior to adjustments) (FSA Use Only)	Prepopulated with the estimated ERP 2022 payment prior to adjustments. Adjustments may include, but not limited to the following: <ul style="list-style-type: none"> • NAP service fees and premiums (for underserved producers with CCC-860 on file) • Reductions due to payment limitation • Increased payment limitation • Program payment factors.
32 In return for receiving an ERP 2022 payment on this crop, I agree to purchase crop insurance or NAP as provided in Part A.	Manual entry, the producer must answer “Yes” or “No” agreeing to purchase crop insurance or NAP on the crop listed in Items 29 and 30.
33 I certify that I had a qualifying loss as defined in Part A.	Manual entry, the producer must answer “Yes” or “No” to certify that the pay crop and unit listed in Items 29 and 30 had a qualifying loss.
34 COC Determination (FSA Use Only)	COC member or designee will check “Approved” for approval, “Disapproved” for disapproval.

Part E - Producer Certifications - Items 35A-35F

35A Producer/Primary Policyholder’s Signature (By)	Producer/Primary policyholder requesting an ERP 2022 Track 1 payment must sign certifying to the information in Parts A through E, as applicable.
35B Title/Relationship of Individual Signing in a Representative Capacity	Enter title and/or relationship to the individual when signing in a representative capacity. Note: If the producer signing is not signing in a representative capacity, this field should be left blank.
35C Date (MM-DD-YYYY)	Enter the date the FSA-523 is signed in Item 35A.
35D SBI Signature (By)	SBIs (if applicable) requesting an ERP 2022 Track 1 payment, must sign certifying to the information in Part C through E.
35E Title/Relationship of Individual Signing in a Representative Capacity	Enter title and/or relationship to the individual when signing in a representative capacity. Note: If the producer signing is not signing in a representative capacity, this field should be left blank.

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35F Date (MM-DD-YYYY)	Enter the date the FSA-523 is signed in item 35D.

Part F - COC Certifications - Item 36A – 36B

36A COC Signature/Title (FSA Use Only)	COC or designee will sign and date the final printed application after it has been reviewed and entered into the software.
36B Date Signed (MM-DD-YYYY) (FSA Use Only)	Enter the date the COC or designee signs the FSA-523 in Item 36A.