

FSA-2211  
 (11-30-23)

U.S. DEPARTMENT OF AGRICULTURE  
 Farm Service Agency

Position 3

# APPLICATION FOR GUARANTEE

**LENDERS RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE**

**INSTRUCTIONS TO APPLICANT AND LENDER:**

All Loan Applicants will complete Part A. If the Loan Applicant is an entity, they will complete Part B. If the Applicant is an individual, they will complete Part C. All Loan Applicants will complete Parts D, E, and F. Lender will complete Parts G through M. Co-Applicants, entity members, and cosigners will complete Parts O and P.

**Note:** When both spouses are involved in the operation, and both are applying for the loan, they should be considered a Joint Operation. One spouse completes Part C, the other completes Parts O and P.

**PART A – TYPE OF OPERATION (LOAN APPLICANT)**

1. Type of Operation:

- Individual     
  Joint Operation (Includes Spouses Applying Jointly)     
  Trust     
  Partnership     
  Corporation  
 Cooperative     
  LLC     
  Other (Explain): \_\_\_\_\_

**PART B – ENTITY APPLICANT INFORMATION (LOAN APPLICANT)**

1. Entity Name		2. Entity Address		3. Number of Entity Members	
4. Entity Tax ID Number		5. Entity Headquarters County		6. Entity Telephone Number (Including Area Code)	
				7. Telephone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	

**PART C – INDIVIDUAL APPLICANT INFORMATION (LOAN APPLICANT)**

1. Applicant's Full Legal Name		2. Applicant's Address		3. Applicant's Birthdate (MM-DD-YYYY)	
4. Applicant's 9 Digit Social Security or Tax ID Number		5. Residence or Headquarters County		6. Applicant's Telephone Number (Including Area Code)	
				7. Telephone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
8. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed					
9. Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> *Non-Citizen National <input type="checkbox"/> *Resident Alien <input type="checkbox"/> *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)					

**PART D – OTHER INFORMATION (LOAN APPLICANT)**

1. Have you or any entity members ever conducted business under any other name(s)?    YES    NO

If "YES", what name(s)? \_\_\_\_\_

**Voluntary Information for Monitoring Purposes**

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

2A. Ethnicity		2B. Race (Choose as many boxes as applicable)		2C. Gender		2D. Veteran Status	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> I prefer not to share		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share		<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	

**PART E – APPLICANT ELIGIBILITY INFORMATION (LOAN APPLICANT)**

1. Description of Operation, Including Commodity(s) Produced or To Be Produced			
2. I am or will be the operator of a family farm <input type="checkbox"/> YES <input type="checkbox"/> NO	3. Number of Years Operating a Farm	4. Acres Owned	5. Acres Rented
			<b>YES (True)</b>
			<b>NO (False)</b>
6. I (including all members, if an entity applicant) have not caused the Farm Service Agency a loss by receiving debt forgiveness through write-down, write-off, compromise, adjustment, reduction, charge-off, payment of a guaranteed loss claim, or bankruptcy.			<input type="checkbox"/>
7. I (including all members, if an entity applicant) am not delinquent on any debt to the United States Government.			<input type="checkbox"/>
8. I (including all members, if an entity applicant) do not have any outstanding recorded judgments obtained by the United States in a Federal Court.			<input type="checkbox"/>
9. I (or members holding a majority interest if an entity applicant) am a citizen of the United States, a U.S. noncitizen national, or a qualified alien under applicable Federal immigration laws. (United States non-citizen nationals and qualified aliens must provide the appropriate documentation as to their immigration status)			<input type="checkbox"/>
10. I (including all members, if an entity applicant) have the legal capacity to incur the obligations of the loan.			<input type="checkbox"/>
11. I (including all members, if an entity applicant) have not been convicted of planting, cultivating, growing, producing, harvesting, storing, trafficking, or possessing a controlled substance within the last 5 crop years.			<input type="checkbox"/>
12. I (including all members, if an entity applicant) am not ineligible due to disqualification resulting from a Federal Crop Insurance violation, according to 7 CFR Part 718.			<input type="checkbox"/>
13. I (including all members, if an entity applicant) am not an employee, related to an employee, or an associate of an employee of the Lender or Farm Service Agency.			<input type="checkbox"/>
14. I (including all members, if an entity applicant) am unable to obtain sufficient credit without a guarantee.			<input type="checkbox"/>
15. I (including all members, if an entity applicant) have not provided the Farm Service Agency with false or misleading documents or statements in the past.			<input type="checkbox"/>

**PART F – LOAN APPLICANT CERTIFICATIONS (LOAN APPLICANT)**

**RIGHT TO FINANCIAL PRIVACY ACT OF 1978**

FSA has a right of access to financial records held by financial institutions in connection with providing assistance to you, as well as collecting on loans made to you or guaranteed by the government. Financial records involving your transaction will be available to FSA without further notice or authorization but will not be disclosed or released by this institution to another government Agency or Department without your consent except as required by law.

**THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT** prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, or age (provided the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**CERTIFICATIONS, RESTRICTIONS, AND DISCLOSURE OF LOBBYING ACTIVITIES**

- The loan applicant certifies that: if any funds, by or on behalf of the loan applicant, have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, or loan, the loan applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- The loan applicant shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including contracts, subcontracts, and subgrants, under grants and loans) and that all subrecipients shall certify and disclose accordingly.
- This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this statement is a prerequisite for making or entering into this transaction and is imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

**ABUSE OF CONTROLLED SUBSTANCES**

The loan applicant certifies that he or she as an individual, or any member of an entity applicant, has not been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the last 5 crop years, in accordance with 21 U.S.C. 889. The loan applicant also certifies that he/she as an individual, or any member of an entity applicant, is not ineligible for Federal benefits based on a conviction for the distribution of controlled substances or any offense involving the possession of a controlled substance under 21 U.S.C. 862.

**FEDERAL DEBT**

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

**ACKNOWLEDGMENT**

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

1A. Signature of Applicant	1B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	1C. Date Signed (MM-DD-YYYY)
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**PART M – LENDER INFORMATION AND CERTIFICATION (ALL LENDER TYPES)**

1. Lender Status

Preferred Lender (PLP)    Certified Lender (CLP)    Standard Eligible (SEL)    Micro Lender (MLP)

2. Lender Certifies that:

- a. All applicable requirements in 7 C.F.R. Part 762, and FSA -2201 have been or will be met.
- b. The Lender would not make the loan without an FSA guarantee.
- c. The loan applicant shows the ability to repay requested loan.
- d. The proposed collateral securing the loan is considered adequate.
- e. All documentation required by 7 C.F.R. Part 762, but not required to be submitted with the loan application, has been obtained and supports the data presented in this application.
- f. If applicable for PLP lenders, loans will be made according to the current Credit Management System (CMS).
- g. Application will be governed by Lender’s Agreement (FSA-2201) dated: \_\_\_\_\_ .  
*(Date)*

3A. Lending Institution Name and Address

3B. Telephone Number *(Including Area Code)*

4A. Lender 9 Digit Tax ID Number

4B. Regulatory or Certifying Agency

5. Email Address

6A. Name of Lender’s Representative

6B. Title of Lender’s Representative

7A. Authorized Lender Representative’s Signature

7B. Date *(MM-DD-YYYY)*

**PART N – FSA USE ONLY**

1A. Date Received *(MM-DD-YYYY)*

1B. Date Complete *(MM-DD-YYYY)*

**PART O – CO-APPLICANT/ENTITY MEMBER/CO-SIGNER INFORMATION (IF APPLICABLE)**

1A. Co-Applicant's, Entity Member's, or Co-Signer's Full Legal Name	1B. Co-Applicant's, Entity Member's, or Co-Signer's 9 Digit Social Security or Tax ID Number	1C. Co-Applicant's, Entity Member's, or Co-Signer's Birthdate (MM-DD-YYYY)
1D. Co-Applicant's, Entity Member's, or Co-Signer's Address:	1E. Residence or Headquarters County	1F. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Number (Including Area Code)
1G. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	1H. % Ownership (If entity member):	1I. Check Box if Co-Signer Only: <input type="checkbox"/>

1J. Marital Status:  Married  Unmarried  Divorced  Legally Separated  Widowed

1K. Citizenship Status:  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)

**Voluntary Information for Monitoring Purposes**

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

1L. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	1M. Race (Choose as many boxes as applicable) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share	1N. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share	1O. Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran
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2A. Co-Applicant's, Entity Member's, or Co-Signer's Full Legal Name	2B. Co-Applicant's, Entity Member's, or Co-Signer's 9 Digit Social Security or Tax ID Number	2C. Co-Applicant's, Entity Member's, or Co-Signer's Birthdate (MM-DD-YYYY)
2D. Co-Applicant's, Entity Member's, or Co-Signer's Address:	2E. Residence or Headquarters County	2F. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Number (Including Area Code)
2G. Co-Applicant's, Entity Member's, or Co-Signer's Telephone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	2H. % Ownership (If entity member):	2I. Check Box if Co-Signer Only: <input type="checkbox"/>

2J. Marital Status:  Married  Unmarried  Divorced  Legally Separated  Widowed

2K. Citizenship Status:  U.S. Citizen  \*Non-Citizen National  \*Resident Alien  \*Refugee or Other

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2L. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	2M. Race (Choose as many boxes as applicable) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share	2N. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share	2O. Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran
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**PART P – CO-APPLICANT/ENTITY MEMBER/CO-SIGNER CERTIFICATIONS**

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**CERTIFICATIONS, RESTRICTIONS, AND DISCLOSURE OF LOBBYING ACTIVITIES**

1. The loan applicant certifies that: if any funds, by or on behalf of the loan applicant, have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, or loan, the loan applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
2. The loan applicant shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including contracts, subcontracts, and subgrants, under grants and loans) and that all subrecipients shall certify and disclose accordingly.
3. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this statement is a prerequisite for making or entering into this transaction and is imposed by 31 U.S.C. 1352. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

**ABUSE OF CONTROLLED SUBSTANCES**

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**FEDERAL DEBT**

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

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1A. Signature of Co-Applicant, Entity Member, or Co-Signer	1B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	1C. Date Signed (MM-DD-YYYY)
2A. Signature of Co-Applicant, Entity Member, or Co-Signer	2B. Capacity <input type="checkbox"/> Self <input type="checkbox"/> Entity Representative	2C. Date Signed (MM-DD-YYYY)

**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 the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. 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 denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

**Public Burden Statement (Paperwork Reduction Act):** *According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0155. The time required to complete this information collection is estimated to average 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.*

**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, 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 [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

**PART Q – SUPPORTING INFORMATION (FOR SEL/CLP LENDERS COMPLETING NON-EZ GUARANTEED LOANS)**

1. Please attach the following:

<b>SEL</b> <i>(Standard Eligible Lender)</i> <b>Submission Requirements</b>	<b>For Loans</b> <b>\$125,000 or Less</b>	<b>For Loans</b> <b>More Than \$125,000</b>
Loan Narrative	<input type="checkbox"/>	<input type="checkbox"/>
Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>
Cash Flow Budget	<input type="checkbox"/>	<input type="checkbox"/>
Location of Farmed Land	<input type="checkbox"/>	<input type="checkbox"/>
Credit Report	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Loan Agreement		<input type="checkbox"/>
Verification of Debts over \$5,000		<input type="checkbox"/>
Verification of Non-Farm & Other Income		<input type="checkbox"/>
3 Years of Financial History		<input type="checkbox"/>
3 Years of Production History		<input type="checkbox"/>
<b>If Applicable, include the information below:</b>		
Entity Information (including a balance sheet for <b>each</b> member)	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Information	<input type="checkbox"/>	<input type="checkbox"/>
Construction/Development Plans		<input type="checkbox"/>
<b>FOR CL Loans:</b> Transition Plan	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR CL Loans:</b> Conservation or Forest Stewardship Management Plan	<input type="checkbox"/>	<input type="checkbox"/>
<b>CLP</b> <i>(Certified Lender)</i> <b>Submission Requirements</b>	<b>For Loans</b> <b>\$125,000 or Less</b>	<b>For Loans</b> <b>More Than \$125,000</b>
Loan Narrative	<input type="checkbox"/>	<input type="checkbox"/>
Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>
Cash Flow Budget	<input type="checkbox"/>	<input type="checkbox"/>
Location of Farmed Land	<input type="checkbox"/>	<input type="checkbox"/>
Credit Report	In File	In File
Proposed Loan Agreement		In File
Verification of Debts over \$5,000		In File
Verification of Non-Farm & Other Income		In File
3 Years of Financial History		In File
3 Years of Production History		
<b>If Applicable, include the information below:</b>		
Entity Information (including a balance sheet for <b>each</b> member)	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Information	<input type="checkbox"/>	<input type="checkbox"/>
Construction/Development Plans		In File
<b>FOR CL Loans:</b> Transition Plan	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR CL Loans:</b> Conservation or Forest Stewardship Management Plan	<input type="checkbox"/>	<input type="checkbox"/>