

<b>FSA-2211</b> (04-16-13)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency			Position 3
<b>APPLICATION FOR GUARANTEE</b>					
<b>INSTRUCTIONS TO LENDER: LOAN APPLICANT WILL COMPLETE PARTS A AND B. LENDER WILL COMPLETE PARTS C THROUGH I.</b>					
<b>NOTE:</b> 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 3.5 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.					
<b>PART A – LOAN APPLICANT INFORMATION</b>					
1. APPLICANT'S NAME		2. CO-APPLICANT'S NAME		3. APPLICANT'S TELEPHONE NO. <i>(Include Area Code)</i>	
4. APPLICANT'S ADDRESS				5. APPLICANT'S 9 DIGIT SSN OR TAX ID NO.	
6. APPLICANT'S BIRTH DATE		7. CO-APPLICANT'S BIRTH DATE		8. CO-APPLICANT'S 9 DIGIT SSN	
10. TYPE OF OPERATION: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> JOINT OPERATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> L.L.C <input type="checkbox"/> OTHER <i>(Explain)</i> _____				9. TOTAL NUMBER OF HOUSEHOLD MEMBERS	
				11. ACRES OWNED	
				12. ACRES RENTED	
13. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED <i>(INCLUDING SINGLE, DIVORCE, AND WIDOWED)</i>					
14. Have you ever conducted business under any other name? If "YES", what name?				YES	NO
15. Have you or any member of the entity obtained a direct or guaranteed loan from USDA?					
16. If "YES" to Item 15, was the loan paid in full? If not paid in full, please explain:					
17. Have you or any member of the entity ever been in receivership, been discharged in bankruptcy, or filed a petition for bankruptcy?					
18. If "YES" to Item 17, provide details:					
19. Are you or any member of the entity delinquent on any debt to the United States Government?					
20. Are you (or members holding a majority interest if an entity applicant) a United States citizen?					
21. If "NO" to Item 20, are you a non-citizen national, or a qualified alien? (Please provide documentation)					
22. Are you a veteran? If "YES", indicate branch and dates of service:					
23. Are you an employee, related to an employee, or an associate of an employee, of the Lender or Farm Service Agency?					
24. Are you farming or ranching now? If "YES", number of years experience:					
25. If "NO" to Item 24, but you have operated a farm in the past, list dates:					
<b>Voluntary Information for Monitoring Purposes</b>					
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.					
26. ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		27. RACE <i>(Choose as many boxes as applicable)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		28. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>FSA USE ONLY:</b>		29A. DATE RECEIVED		29B. DATE COMPLETED	

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.aphis.usda.gov/wildlife/training/civil\\_rights.html](http://www.aphis.usda.gov/wildlife/training/civil_rights.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax to (202) 720-6542, or by email to [complaints@aphis.usda.gov](mailto:complaints@aphis.usda.gov). USDA is an equal opportunity provider and employer.

