

OPTIONAL NARRATIVE SUPPLEMENT FSA GENERAL ELIGIBILITY REQUIREMENTS

APPLICANT(S) NAME: _____

Use of this checklist is optional. Any non-standard answer(s) must be further addressed in the lender's narrative.

- | YES | NO | NA | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | Has the applicant(s) caused FSA a loss by receiving debt forgiveness? If Yes, see Par. 108C and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Is the applicant(s) delinquent on any Federal debt? If Yes, see Par. 108D and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Does the applicant(s) have any recorded judgments by the United States? If Yes, see Par. 108E and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Is the applicant(s) a citizen of the U.S. or an alien lawfully admitted to the U.S. for permanent residence? If No, see Par. 108E and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Does the applicant(s) have the legal capacity to incur the obligation of the loan? If No, see Par. G and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Are there any concerns or problems with the applicant's past dealings with the Agency that need to be addressed at this time? If Yes, see Par. 108H and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Are there any concerns or problems with the applicant's credit history that need to be addressed at this time? If Yes, see Par. 108I and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (Use NA for CL loans) Is the applicant(s) able to obtain sufficient credit elsewhere without a guarantee? If Yes, see Par. 108J and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Has the applicant(s) been convicted of a controlled substance offense within the last 5 crop years? If Yes, see par. 108K and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (Use NA for FO and CL loans) If an OL is being applied for, has the applicant or anyone who will sign the promissory note already received direct or guaranteed OL loans in 15 prior years? If Yes, see par. 108L & 108M and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Is the applicant(s) a FSA Beginning Farmer? If Yes, see Exhibit 2 and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Is the applicant(s) a FSA Socially Disadvantaged Applicant (farmer)? If Yes, Exhibit 2 and explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (Use NA for CL loans) Is the applicant's operation is not larger than a family sized farm after the loan is made? See Par. 109A & 110A. Consider the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Is the operation recognized as a farm in the community? If No, Explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Does the applicant manage and control the farm business? If No, Explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Does the applicant supply a substantial amount of the labor required in the operation? If No, Explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Does the guaranteed credit meet a substantial portion of the operation's credit needs? If No, Explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Is the applicant an entity? See Par. 109B or 110B. See MN Exhibit 8 regarding possible joint operations. If YES, answer the following questions to determine if the applicant is an acceptable entity: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Is it a legal entity under state law? If No, Explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | If the members are related, does at least one of them operate the farm? If No, Explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | If they are not all related, do members holding a majority interest operate the farm? If No, Explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | | Are any entity members themselves an entity? If Yes, Explain: |

Note: If an entity appears to be eligible, see the next page for an optional worksheet.

Lender

Date

Optional Entity Member Information Worksheet

Entity Name: _____

Owner/Member #1:

Full Legal Name: _____

Address: _____

SS #: _____ % Ownership in the Entity: _____

Date of Current Personal Balance Sheet: _____

of Years Farming Experience: _____

Owner/Member #2:

Full Legal Name: _____

Address: _____

SS #: _____ % Ownership in the Entity: _____

Date of Current Personal Balance Sheet: _____

of Years Farming Experience: _____

Owner/Member #3:

Full Legal Name: _____

Address: _____

SS #: _____ % Ownership in the Entity: _____

Date of Current Personal Balance Sheet: _____

of Years Farming Experience: _____

Owner/Member #4:

Full Legal Name: _____

Address: _____

SS #: _____ % Ownership in the Entity: _____

Date of Current Personal Balance Sheet: _____

of Years Farming Experience: _____

Lender Signature	Date
Print Lender Name	Name of Organization/Bank