

OPTIONAL VERIFICATION OF FARM SERVICE AGENCY BENEFITS

For: _____ (applicant). *See the accompanying authorization.* The applicant requests FSA to provide the following information in order to expedite the processing of a Guaranteed Loan or servicing application.

To: Farm Service Agency	From:
	Phone Number: _____
	Fax Number: _____
	E-Mail Address: _____

To be completed by FSA

1. Based on the current CCC-902/502A(s) does the applicant(s) operate as a:
 Individual Partnership Corporation Other: _____

2. If the CCC-902/502 lists any other financial farming interests return a copy of the 902/502 with this form.

3. Does the applicant(s) hold an eligible status with respect to the HELC and WC provisions of the Food Security Act? Yes No

4. Debt verification for CCC loans.

Commodity	# of Bushels	Interest Rate	Loan Amount	Due Date

5. Is the applicant out of compliance or delinquent on any Farm Program? Yes No
 If yes, please provide a brief factual explanation:

6. Provide information as to any other program(s) the applicant(s) has received or applied for in the last 12 months. Examples: CRP, MILC, LDP, LIP, etc.

Program	Amount	Payment Dates

7. Please provide screen prints of the CCC 509E and the “Producer Farm Data Report” with this form.

The information provided on this form is believed to be correct as of this date _____.
 If you have any questions regarding the information provided on this form please contact:

FSA Contact Person: _____	Phone Number: _____
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