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FSA-1980-24 (05-29-02)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency REQUEST FOR INTEREST ASSISTANCE PAYMENT Transaction 4031
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(See Page 2 for Privacy Act and Public Burden Statements.)

INSTRUCTIONS: PLEASE ADD DECIMAL POINTS WHEN SUPPLYING DOLLAR AMOUNTS AND INTEREST RATES BELOW.

1. BORROWER'S CASE NUMBER:			2. BORROWER'S NAME (Enter Last, First, & Middle Initial)		
1A. State Cd.	1B. County Cd.	1C. Borrower's Identification Number			
3. LENDER'S NAME		4. LENDER'S TAX IDENTIFICATION NUMBER		5. BRANCH NUMBER	
6. FSA LOAN NUMBER			7. ORIGINAL LOAN AMOUNT \$		
8. BEGINNING CLAIM PERIOD (MM-DD-YYYY)			9. END CLAIM PERIOD (MM-DD-YYYY)		
10. PRINCIPAL BALANCE AT END OF CLAIM PERIOD \$			11. AVERAGE DAILY PRINCIPAL BALANCE DURING CLAIM PERIOD \$		
12. INTEREST PAYABLE \$					
13. FINAL PAYMENT (Insert appropriate code in box below) <input type="checkbox"/> 1 = YES <input type="checkbox"/> 2 = NO		14. PAYMENT ISSUED CODE (Completed by FSA) (Insert appropriate code in box below) <input type="checkbox"/> 1 = SYSTEM GENERATED CHECK <input type="checkbox"/> 2 = MANUAL PAYMENT <input type="checkbox"/> 3 = NO PAYMENT NEEDED		15. DATE MANUAL PAYMENT ISSUED (Completed by FSA Finance Office) (Month, Day, Year)	
16. LENDER'S ELECTRONIC FUND TRANSFER (EFT) ROUTING NUMBER		17. LENDER DEPOSIT ACCOUNT NUMBER FOR EFT		18. TYPE OF ACCOUNT (Check one below) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	

REQUEST FOR CONTINUATION OR ADJUSTMENT OF INTEREST ASSISTANCE

TERM OF NEXT INTEREST ASSISTANCE PERIOD:		21. PERCENT OF ASSISTANCE REQUESTED NEXT PERIOD (Enter 4% or Zero) %
19. BEGINNING DATE (MM-DD-YYYY)	20. ENDING DATE (MM-DD-YYYY)	
22. TERMINATE INTEREST ASSISTANCE AGREEMENT (Insert appropriate code in box below) <input type="checkbox"/> 1 = YES IF "YES," ALL ASSISTANCE FUNDS FOR THE LIFE OF THE ASSISTANCE ARE DEOBLIGATED (NO FUTURE PAYMENTS) <input type="checkbox"/> 2 = NO	23. EFFECTIVE DATE OF INTEREST ASSISTANCE TERMINATION (Month, Day, Year) (Complete if "1" is entered in Item 22)	24. REASON FOR TERMINATION CODE (Leave blank if no entry was made in Item 23) <input type="checkbox"/> 01 = Borrower is no longer eligible for interest assistance. <input type="checkbox"/> 02 = Loan is paid in full.

25. LENDER'S CERTIFICATION: I hereby certify that the above claim is accurate and consistent with the terms of FSA regulations and the Interest Assistance Agreement. The Request for Continuation was determined based on the borrower's need in accordance with FSA regulations and the Interest Assistance Agreement.

25A. AUTHORIZED LENDER'S SIGNATURE	25B. TITLE	25C. DATE (MM-DD-YYYY)
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FSA USE ONLY

26. Percent of Interest Assistance Approved for next period: %	
<i>I have reviewed the above Request for Payment of Interest Assistance and Request for Continuation of Interest Assistance. The requested payment or approved level of continued interest assistance is consistent with the supporting documentation, FSA regulations, and the Interest Agreement Interest Rate.</i>	
27A. AUTHORIZED FSA OFFICIAL SIGNATURE	28. COUNTY FSA OFFICE NAME AND ADDRESS (ZIP Code) TELEPHONE NUMBER (Including Area Code)
27B. TITLE	
27C. DATE (MM-DD-YYYY)	

FSA SERVICING OFFICE
 LENDER

NOTE: *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act (7 USC 1921 et. seq.), and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose the information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.*

*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 20 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. **RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE.***