

**HEIRS' PROPERTY RELENDING PROGRAM
APPLICATION FOR LOAN**

General Information: The "Application for Loan" is to provide information needed for the analysis and loan determination process. For additional guidance on how to complete the "Application for Loan" see the Instructions for this form.

Instructions to Intermediary (applicant): Complete items 1 through 17. Please also attach the proposed relending plan that describes how the applicant intends to distribute HPRP funds to ultimate recipients. Please also attach the last 3 years of audited financial statements or income tax records including a balance sheet. Submit the original of this application and all supporting documents to the USDA, Farm Service Agency. If additional space is required, please provide an attachment. Additional information may be obtained from the FSA National Office.

NOTE: The relending plan should include information regarding the following: (1) the service area; (2) the proposed fees and other charges that will be assessed to ultimate recipients (if any); (3) the eligibility criteria for ultimate recipients; (4) authorized loan purposes; (5) loan limitations; (6) loan underwriting methods and criteria; (7) loan rates and terms; (8) security requirements; (9) the method of disbursement of funds to ultimate recipients; (10) the process for addressing environmental issues on property to be purchased; (11) the proposed process for reviewing loan requests; (12) a description of the established internal credit review process; (13) how the applicant will monitor and service loans to ultimate recipients; (14) the amount that will be set aside to maintain a reserve for bad debts; and (15) a description of any insurance requirements the intermediary plans to require from ultimate recipients.

1A. NAME: <i>(Show official name without abbreviations unless the abbreviation is a part of the official name.)</i>			
1B. Street		1C. City	1D. County
1E. State	1F. ZIP Code	1G. Telephone Number <i>(Include Area Code)</i>	1H. Amount of Loan Requested
2. APPLICANT'S TAX IDENTIFICATION NUMBER		3. DATE ESTABLISHED:	

4. **CERTIFICATION** – Is the applicant certified as a community development financial institution under 12 C.F.R. 1805.201 (or successor regulations) to operate as a lender?

YES NO

5. **CITIZENSHIP** – Is the applicant and any affiliate/officer/director or other individual or entity directly involved in the operation and management of the applicant a U.S. citizen or qualified alien (see 8 U.S.C. 1641)?

YES NO

NOTE: *The following is made in accordance with the Privacy Act of 1974 (5 USC 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.*

Paperwork Reduction Act Statement: *This form does not require OMB approval because FSA estimates that fewer than 10 respondents to furnish it to FSA as specified in the 5 CFR 1329.3(c)(4).*

For the collection of the race, ethnicity, and gender information by intermediaries from ultimate recipients, we will provide the USDA form for the voluntary collection of race, ethnicity, and gender from the ultimate recipients (form AD-2106, Form to Assist in Assessment of USDA Compliance with Civil Rights Laws). As noted above, the intermediaries will request the information and maintain it. This data request will be voluntary. The public burden for the use of the form is covered under OMB control number 0503-0019.

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, audiotope, 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 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. USDA is an equal opportunity provider, employer, and lender.

6. **EXPERIENCE** – Provide a brief description and history of the applicant’s experience with servicing loans related to heirs’ property. Please also specify the amount of time (in years) that the applicant has spent working with socially disadvantaged farmers and ranchers.

7. **DELINQUENT ON FEDERAL DEBT** - Is the applicant, or any affiliate/officer/director or other individual or entity directly involved in the operation and management of the applicant, delinquent on any Federal debt?

YES NO . If “YES,” provide details below or attach an explanation.

8. **LITIGATION** – Is the applicant or any affiliate/officer/director or other individual or entity directly involved in the operation and management of the applicant involved in any pending litigation?

YES NO . If “YES,” provide details below or attach an explanation.

9. **RECEIVERSHIP - BANKRUPTCY** - Has the applicant, or any affiliate/officer/director or other individual or entity directly involved in the operation and management of the applicant any affiliate/officer/director of the applicant previously received any debt forgiveness through write-down, write-off, compromise, adjustment, reduction, charge-off, paying a loss on a guarantee, or bankruptcy?

YES NO . If “Yes,” provide the names of such officer, director, or member, names of the business or organization and explain the nature of the transaction(s) in the box below or attach an explanation.

10. **SUBSIDIARIES AND AFFILIATES** - List the name and addresses of all entities that are subsidiaries, parent organizations, or affiliates of the applicant. Comment briefly on the relationship between the applicant and the listed entities.

11. **DISCLOSURE OF SPECIAL INFORMATION REGARDING PRINCIPALS** - List below the names of any FSA employees who have any present or have had past, direct or indirect, financial interest in or association with the intermediary, or any of its officers, directors or members. When a member, officer, or director, or their spouse is an employee of the U. S. Government, including members of the armed forces, detailed information must be submitted with the application.

11A. Name and Address <i>(Including ZIP Code)</i>	11B. Details of Relationship or Interest

12. **MANAGEMENT** - Enter names of all board members, key officers, key hired managers, and directors and their annual compensation, including salaries, fees, withdrawals, deferred compensation, stock options, etc.

(a) Name	(b) Position or Title	(c) Annual Compensation \$

13. **NAMES OF ATTORNEYS, ACCOUNTANTS, CONSULTANTS AND OTHER PARTIES** - List the names of all attorneys, accountants, consultants, appraisers, packagers, agents, and all other parties (whether individuals, partnership, associations) engaged by or on behalf of the intermediary (whether on a salary, retainer or fee basis and regardless of the amount of compensation) for the purpose of rendering professional or other services, in connection with the preparation or presentation of this application. List all fees or other charges or compensation paid or to be paid to such parties whether in money or other property of any kind together with a description of such services rendered or to be rendered with complete justification for such purposes.

13A. Name and Address <i>(Include ZIP Code)</i>	13B. Description of Service Rendered or to be Rendered with Complete Justification	13C. Total Compensation Agreed to be Paid*	13D. Compensation Already Paid

**Enter specific dollar amounts or hourly rates "Unknown." "Undetermined." or other imprecise terms are not sufficient.*

14. **PURCHASE AND SALES RELATIONS WITH OTHERS** - Does the intermediary loan to, buy from, sell to or use the services of any business or organization in which an officer, director, or member of the applicant has a substantial interest?

YES NO If "Yes," provide the names of such officer, director, or member, names of the business or organization and explain the nature of the transaction(s) in the box below or attach an explanation.

15. **REGULATORY AGENCIES** - List all regulatory agencies (*National, State, or Local*) which supervise or regulate the applicant and explain if there are pending matters with such regulatory agencies. The nature of the regulation or oversight provided by each regulator should be addressed. Indicate if permits, licenses or clearances are necessary and their status including expiration/renewal date:

16. **PERMISSION TO FILE FINANCING STATEMENT** -- If the loan is approved and funded, FSA will file a financing statement at the earliest possible date. **BY SIGNING BELOW, I GIVE FSA PERMISSION TO FILE A FINANCING STATEMENT PRIOR TO THE EXECUTION OF THE SECURITY AGREEMENT AS WELL AS TO FILE AMENDMENTS AND CONTINUATIONS OF THE FINANCING STATEMENT THEREAFTER.**

17. **RIGHTS AND POLICIES.**

- **RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (Public Law 95-630):** 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, 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.
- **FEDERAL COLLECTION POLICIES:** Delinquencies, defaults, foreclosures and abuses of loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The intermediary, its agents and assigns as well as the Federal Government, its agencies, agents and assigns, are authorized to take any and all of the following actions in the event loan payments become delinquent: (1) Report your name and account information to a credit bureau; (2) Assess additional interest and penalty charges for the period of time that payment is not made; (3) Assess charges to cover additional administrative costs incurred by the Government to service your account; (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency or mortgage servicing agency to collect the amount due, foreclose the mortgage, sell the property and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice for litigation; (7) Take action to offset your salary, or retirement benefits; (8) Refer your debt to the Department of the Treasury for cross-servicing and offset against any amount owed to you by any Federal Agency such as an income tax refund; and (9) Report any resulting written-off debt to the Internal Revenue Service as taxable income. All of these actions can and will be used to recover debts owed to the Federal Government when in its best interests.

18. **RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES:**

- The applicant certifies that if any funds, by or on behalf of the 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 applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- 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. Any person who fails to file the required statement shall be subject to a civil penalty imposed by 31 U.S.C. 1352.

19. CONTROLLED SUBSTANCES:

The applicant certifies that neither the applicant nor any affiliate/officer/director or other individual or entity directly involved in the operation and management of the applicant has been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the previous 5 crop years. See the Food Security Act of 1985 (Public Law 99-198). The applicant also certifies that neither the applicant nor any affiliate/officer/director or other individual, or entity directly involved in the operation and management of the applicant is 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.

20. DISQUALIFICATION DUE TO FEDERAL CROP INSURANCE FRAUD:

The applicant certifies that neither the applicant nor any affiliate/officer/director or other individual or entity directly involved in the operation and management of the applicant has been disqualified for Federal benefits as provided in Section 515(h) of the Federal Crop Insurance Act (FCIA). Applicants who willfully and intentionally provide false or inaccurate information to the Federal Crop Insurance Corporation (FCIC) or to an approved insurance provider with respect to a policy or plan of FCIC insurance, after notice and an opportunity for a hearing on the record, will be subject to one or more of the sanctions described in section 515(h)(3) of FCIA.

21. DEBARMENT OR SUSPENSION:

The applicant certifies that neither the applicant nor any affiliate/officer/director or other individual or entity directly involved in the operation and management of the applicant is disbarred or suspended from participating in any Federal programs.

WARNING: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both." Misrepresentation of material facts may also be the basis for denial of credit by FSA.

Intermediary Name

CORPORATE SEAL

By _____

Title _____

Attest: _____ Date Signed _____

(Title)

Name

Address

Telephone