



Exhibit A

(ADDITIONAL CO-APPLICANT INFORMATION)

Primary Applicant's Name: _____

Ref # (Internal): _____

| CO-APPLICANT (3) | | | CO-APPLICANT (4) | | |
|--|-------------------------|-----|--|-------------------------|-----|
| Full Legal Name (as shown on State Driver's License) | | | Full Legal Name (as shown on State Driver's License) | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| County | Primary Phone Number | | County | Primary Phone Number | |
| Mobile Phone Number | Work Phone Number | | Mobile Phone Number | Work Phone Number | |
| Email | | | Email | | |
| Social Security Number | Date of Birth | | Social Security Number | Date of Birth | |
| Total Assets \$ | Total Liabilities \$ | | Total Assets \$ | Total Liabilities \$ | |
| Gross Farm Income \$ | Year Began Farming | | Gross Farm Income \$ | Year Began Farming | |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated | | | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated | | |
| CO-APPLICANT (5) | | | CO-APPLICANT (6) | | |
| Full Legal Name (as shown on State Driver's License) | | | Full Legal Name (as shown on State Driver's License) | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| County | Primary Phone Number | | County | Primary Phone Number | |
| Mobile Phone Number | Work Phone Number | | Mobile Phone Number | Work Phone Number | |
| Email | | | Email | | |
| Social Security Number | Date of Birth | | Social Security Number | Date of Birth | |
| Total Assets \$ | Total Liabilities \$ | | Total Assets \$ | Total Liabilities \$ | |
| Gross Farm Income \$ | Year Began Farming | | Gross Farm Income \$ | Year Began Farming | |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated | | | Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated | | |