



CROP OPERATING LOAN APPLICATION

E-mail address _____

GENERAL INFORMATION

LOAN AMOUNT REQUESTED \$ _____

LAST NAME, FIRST NAME, MIDDLE INITIAL OR BUSINESS NAME				SOCIAL SECURITY # (FEDERAL TAX ID # IF BUSINESS)			DATE OF BIRTH		
STREET ADDRESS		CITY	STATE	ZIP	COUNTY OF RESIDENCE	YEARS IN FARMING	# OF DEPENDENTS		
PRIMARY TELEPHONE#		ALTERNATIVE TELEPHONE #S (BUSINESS/CELL ETC.)			TYPE OF BUSINESS				
					<input type="checkbox"/> INDIVIDUAL		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION
SPOUSE/CO-APPLICANT (If any other person will use or be contractually liable as co-maker of this loan.)									
LAST NAME, FIRST NAME, MIDDLE INITIAL				SOCIAL SECURITY NUMBER			DATE OF BIRTH		
STREET ADDRESS		CITY	STATE	ZIP	COUNTY OF RESIDENCE	RELATIONSHIP TO APPLICANT			
PRIMARY TELEPHONE#		ALTERNATIVE TELEPHONE #S (BUSINESS/CELL ETC.)			Does your bank or anyone else currently have a lien on your crops?				
					<input type="checkbox"/> YES		<input type="checkbox"/> NO		

APPLICATION CHECKLIST

ONLY A COMPLETE APPLICATION WILL BE PROCESSED. Please use the checklist below to ensure fast and efficient processing.

Your cooperation will be greatly appreciated.

- Completed and signed application packet (Includes Application, Current Balance Sheet, Farms Operated Worksheet, Crop Expense/Collateral Worksheet & Authorization For Release of Information)
- 2 prior years balance sheets (if not already provided)
- 3 years tax returns/1040 & schedule F (if not already provided)
- Copy of most current Multi-Peril Crop Insurance APH Yield History Report
- Copy of FSA-156EZ Form for all farm units
- List of vehicles/machinery
- Application fee (\$50 for Individual Applications/\$75 for Partnership or Corporation Applications)

Copy of current state issued drivers license (If not already on file)

ADDITIONAL INFORMATION NEEDED FOR PARTNERSHIPS/CORPORATIONS

CORPORATIONS

- Corporation Bylaws
- Articles of Incorporation

PARTNERSHIPS

- Partnership Agreement

OTHER INFORMATION

Are there any judgments of record against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever declared bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are your taxes delinquent or under dispute?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently a party to any lawsuits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently in reorganization/mediation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you delinquent on any accounts payable, cash rent, insurance premiums or loan payments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered yes to any of the above questions, please list and explain here:		
List all counties that you operate farms in:		
Crop Insurance Agency	Agent/Contact Person	Address, City, State, Zip
		Telephone Number