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This form is available electronically. FSA-2006 (Proposal 8)					U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency				Form Approved - OMB No. 0560-XXXX Position 3		
				PRO	PERTY OWNE	D AND LEASE	:D				
			t and the Pul	olic Burd	den Statements.)						
1.	Name of Ap	plicant									
Α.	LAND. IN	CLUDE ALL LA	ND OWNED	ТО ВЕ	OWNED, OR LE	ASED.					
1A. Owner of Record				1B. Description					1C. County		
1D.	Farm No.	1E. Total Acre	s 1F. Crop	Acres	1G. Oral/Written Lease	1H. Crop Share	1I. Cash Rent	1J.	Expiration Date		
2A.	Owner of F	I Record		2B. C	Description				2C. County		
2D.	Farm No.	2E. Total Acre	s 2F. Crop	Acres	2G. Oral/Written Lease	2H. Crop Share	2I. Cash Rent	2J.	Expiration Date		
3A.	Owner of I	Record	ı	3В. С	Description		1		3C. County		
3D.	Farm No.	3E. Total Acre	s 3F. Crop	Acres	3G. Oral/Written Lease	3H. Crop Share	3I. Cash Rent	3J.	Expiration Date		

% \$

%\$

%\$

4I. Cash Rent

5I. Cash Rent

4C. County

4J. Expiration Date

5C. County

5J. Expiration Date

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

4B. Description

5B. Description

4F. Crop Acres 4G. Oral/Written 4H. Crop Share

Lease

5F. Crop Acres 5G. Oral/Written 5H. Crop Share

Lease

4A. Owner of Record

5A. Owner of Record

4E. Total Acres

5E. Total Acres

4D. Farm No.

5D. Farm No.

B. EQUIPMENT/LIVESTOCK. Include only equipment/livestock to be purchased, currently leased, or to be leased.								
1. Owner of Record	2. Description	3. Number of Units	4. Rent \$	5. Share %	6. Type of Lease	7. Expiration Date		

C. CERTIFICATION

I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)

1. Si	gnature				2.	Date	

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, as amended (7 USC 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service loans, 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 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, 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 Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including 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-XXXX. The time required to complete this information collection is estimated to average 30 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 COUNTY FSA OFFICE.