

## Supporting Documentation Requests

Throughout this Application, you will be asked to include documentation to support your Application.

- The instructions use the word **must** where documentation is strictly required; this means you must supply the requested supporting documents.
- The instructions use the word **may** where documentation would be **helpful** to assessing your Application. **This means that your Application would be stronger if you provide documentation.**
- If you submit a sworn statement by another person, in support of your Application, you should use the form available at [22007apply.gov](https://22007apply.gov) or a document substantially like it.

## STEP 1 About You

### A. IDENTIFYING INFORMATION:

Information provided here is for program administrators to understand who you are and how to get in contact with you if there are questions about your Application. **Please use your full legal name.**

If you are/were a member of a business entity that participated in a USDA farm loan program, you **must** also fill in STEP 2, Part C.

If you have a legal guardian, this part's identifying information refers to you (even if it is completed by the legal guardian); the legal guardian's name and contact information should be included in Part C below.

Your Last Name:

Suffix:

First Name:

Middle Name:

Mailing Address:

Apartment/Suite Number:

City:

State/Province:

Zip/Postal Code:

Country (if not U.S.):

Best Telephone Number during Weekdays:

Alternate Telephone Number(s):

Email Address:

Date of Birth:

		/			/				
mm			dd			yyyy			

Please provide your Social Security Number if you have one:

OR

Please provide your *Individual* Taxpayer Identification Number if you have one:

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

List any other name that you have used or done business with USDA under (e.g., maiden name):

Last Name (including suffix):

First Name:

Middle Name:

Last Name (including suffix):

First Name:

Middle Name:

Last Name (including suffix):

First Name:

Middle Name:

### Supporting Documentation Requests

You **must** include photocopies of at least TWO (2) acceptable forms of identification. *Please indicate which **two** you are providing from the list below. Do not send original documents as part of your Application.*

- |   |   |
|---|---|
| <input type="checkbox"/> U.S. Passport  | <input type="checkbox"/> ID document issued by the federal government, a federally recognized tribal government, or a state recognized tribal government.   |
| <input type="checkbox"/> Driver's license or ID card issued by a state or possession of the United States provided it contains a photograph   | <input type="checkbox"/> Voter registration card  |
| <input type="checkbox"/> U.S. Military ID card  | <input type="checkbox"/> Tax bill issued within the last year showing name and current address  |
| <input type="checkbox"/> U.S. Military dependent's ID card  | <input type="checkbox"/> Utility bill issued within the last 60 days showing name and current address   |
| <input type="checkbox"/> U.S. Social Security Card issued by the Social Security Administration   | <input type="checkbox"/> Voided check imprinted with name and current address   |
| <input type="checkbox"/> Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal | <input type="checkbox"/> Bank statement issued within the last 60 days showing name and current address   |
| <input type="checkbox"/> U.S. citizen ID card (Form 1-197)  | <input type="checkbox"/> Government issued medical ID card showing name and current address   |
| <input type="checkbox"/> ID Card for use of Resident Citizen in the United States (Form 1-179)  | <input type="checkbox"/> Valid vehicle registration showing name and current address  |
| <input type="checkbox"/> Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)  | <input type="checkbox"/> Current pay stub, imprinted with company name, issued within the last 60 days and showing applicant's name   |
| <input type="checkbox"/> Unexpired employment authorization document issued by the Department of Homeland Security  | <input type="checkbox"/> Rent receipt, imprinted with the property management company or apartment building name, issued within the last 60 days and showing applicant's name and current address |

You **must** provide proof of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). Submit a photocopy of **one** of the following:

Any official or financial document reflecting SSN or ITIN, such as:

- |   |   |
|---|---|
| <input type="checkbox"/> Social Security or Individual Taxpayer Identification card | <input type="checkbox"/> 1098 Form with full SSN or ITIN                          |
| <input type="checkbox"/> W-2 Form with full SSN or ITIN                             | <input type="checkbox"/> Bank, loan, or financial documents with full SSN or ITIN |
| <input type="checkbox"/> SSA-1099 Form with full SSN or ITIN                        | <input type="checkbox"/> Paystub with full SSN or ITIN                            |
| <input type="checkbox"/> Non-SSA 1099 Form with full SSN or ITIN                    | <input type="checkbox"/> Other (please specify the document type or title):       |

(remainder of page intentionally blank)

**B. INFORMATION ABOUT ALTERNATIVE CONTACTS:**

This part asks for two kinds of alternative contacts. The first is a person we can contact to attempt to locate you if we are having difficulty in reaching you. The second is someone with whom we can discuss your Application.

1. Would you like to designate someone whom we can contact to locate you, if we are having difficulty reaching you? This could be a spouse or (adult) relative, a lawyer, or someone else:

☐ No. If no, proceed to the next question.

☐ Yes. If yes, provide the alternative contact's information:

Last Name of the person who  
can help us locate you:

First Name:

Middle Name:

Mailing Address:

Apartment/Suite Number:

City:

State/Province:

Zip/Postal Code:

Country (if not U.S.):

Email Address:

Telephone Number:

Relation of contact to you (select one):

☐ Relative (please specify relationship):

☐ Lawyer

☐ Other legal representative (please  
specify):

☐ Other (please specify):

2. Would you like to designate someone with whom we can discuss your Application? This could be a spouse or (adult) relative, a lawyer, or someone else:

☐ No. If no, proceed to the next question.

☐ Yes. If yes, you are authorizing the program administrators, the program administrators' designees, the U.S. Department of Agriculture, or agency contractors assisting in the administration of the Program to contact the listed individual if the program administrators need additional information or clarification about your Application. Please provide the alternative contact's information:

Last Name of the person who can  
discuss your Application with us:

First Name:

Middle Name:

Mailing Address:

Apartment/Suite Number:

City:

State/Province:

Zip/Postal Code:

Country (if not U.S.):

Email Address:

Telephone Number:

Relation of contact to you (select one):

☐ Relative (please specify relationship):

☐ Lawyer

☐ Other legal representative (please  
specify):

☐ Other (please specify):

C. INFORMATION ABOUT ANYONE HELPING YOU IN PREPARING THIS FORM:

1. Has someone helped you fill out this Application?

☐ No. If no, skip to STEP 2.



Yes. If yes, provide their information:

**NOTE: PREPARERS, INCLUDING GUARDIANS MUST SIGN THE APPLICABLE CERTIFICATIONS IN STEP 10.**

Last Name:

First Name:

Firm Name, if applicable:

Mailing Address:

Apartment/Suite Number:

City:

State/Province:

Zip/Postal Code:

Country (if not U.S.):

Email Address:

Telephone Number:

Type of helper (select one):



Lawyer



Other legal representative  
(please specify):



Technical assistance provider



Legal guardian (You **must** provide documentation of your appointment as a legal guardian)



Other (please specify):

**Supporting Documentation  
Requests**

You **must** provide proof that you are a legal guardian. Submit the following:



Guardianship order by a court with jurisdiction

► CONTINUE TO STEP 2 ON NEXT PAGE

<b>STEP 2</b>	<b>Type of Applicant</b>
<b>A. WHAT TYPE OF APPLICANT ARE YOU?</b>	
<p>1. Please select the choice that best describes you (<i>Choose only one</i>):</p> <p><input type="checkbox"/> Self, and I was the only USDA farm loan borrower or would-be borrower. (You don't need to fill out the rest of STEP 2. Skip to STEP 3.)</p> <p><input type="checkbox"/> Self, and I had a co-borrower (e.g., a spouse or some other person). (Fill out Part B)</p> <p><input type="checkbox"/> Self, and I participated in USDA farm lending as a member of an entity. (Fill out Part C)</p> <p><input type="checkbox"/> I am the debtor for assigned/assumed debt that is the subject of this Application, and I do not have any co-borrowers. (Fill out Part D)</p> <p><input type="checkbox"/> I am the debtor for assigned/assumed debt that is the subject of this Application, and I have co-borrower(s). (Fill out Parts B <b>and</b> D)</p>	

(remainder of page intentionally blank)

## B. INFORMATION ABOUT THE CO-BORROWER(S):

Provide information about all co-borrowers on your USDA farm lending loan. Please do not provide your information in this part, rather, only provide information for any co-borrower(s), as applicable.

1. How many total co-borrower(s) (not including yourself) are there?

Please fill out the information on the following page for each co-borrower. If there is more than one co-borrower, please attach additional pages with the additional co-borrower's information in the same format.

☐ Check here to indicate you have attached this information if you have more than 1 co-borrower.

## Supporting Documentation Requests

Please indicate which of the below documents have been attached to your Application. Select all that apply.

To document your co-borrowers, you **may** provide one or more of the following loan documents that list them. For example:

- ☐ FSA-2001
- ☐ Promissory note
- ☐ Mortgage deed, if it lists co-borrowers
- ☐ Other (please specify the document type or title):

## Co-borrower(s) (if there is more than one co-borrower, make a copy of this page as many times as needed):

Last Name:

Suffix:

First Name:

Middle Name:

Mailing Address:

Apartment/Suite Number:

City:

State/Province:

Zip/Postal Code:

Country (if not U.S.):

Best Telephone Number during Weekdays:

Alternate Telephone Number(s):

Email Address:

Date of Birth:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
mm			dd			yyyy			

Please provide the co-borrower's Social Security Number if they have one:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR

Please provide the co-borrower's Individual Taxpayer Identification Number if they have one:

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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List any other name that the co-borrower may have used or done business with USDA under (e.g., maiden name):

Last Name (including suffix):

First Name:

Middle Name:

Last Name (including suffix):

First Name:

Middle Name:

Last Name (including suffix):

First Name:

Middle Name:

C. INFORMATION ABOUT THE ENTITY/ENTITIES:

Skip this part if you were not part of an entity that participated in USDA farm loan programs.

If your participation in a USDA farm loan program was as a "member" of an entity (for example, a corporation or a formal partnership), you **must** provide information about that entity, and your and other members' interest in it.

Provide information about all entities that you were a member of that participated in USDA farm loan programs.

1. How many total entities are there?

Please fill out the information for each entity. If there is more than one entity, please attach additional pages with the additional entity's information in the same format.

☐ Check here to indicate you have attached this information if you were a member of more than 1 entity that participated in USDA farm loan programs.

2. Identifying Information for the entity that participated in USDA farm loan programs (if there is more than one entity, make a copy of this page as many times as needed):

Entity Name:

Mailing Address:Apt./Suite Number:

City:State/Province:Zip/Postal Code:

Country (if not U.S.):

Entity Taxpayer Identification Number:

-

State of Registration:Registration Number:

List all alternative business names, and the years in which they were used:

Name:	Years:
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>
<div></div>	<div></div>

Supporting Documentation Requests

Please indicate which of the below documents have been attached to your Application. Select all that apply.

To document the name of the entity or alternative business names, you **may** submit:

☐ Tax document reflecting name of entity.☐ Other similar document issued by a government (federal, state, local, tribal) reflecting name of the entity (please specify the document type or title):

To document the entity taxpayer identification number (TIN), you **must** submit documentation of the ID number, such as:

☐ An IRS-generated tax form that includes the name of the entity and the TIN☐ Any other business record that includes the name of the entity and the TIN (please specify the document type or title):

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PART C (continued): ENTITIES - If there is more than one entity, make a copy of this page as many times as needed and indicate the entity name from page 7 here:

Entity Name:

3. What was your percentage of interest in the entity when the discrimination occurred?

 %

4. Are there other entity members?

☐ No. If no, skip to STEP 3.

☐ Yes. If yes, provide the information below for each entity member:

**Other entity members:**

Last Name:

First Name:

Social Security Number or *Individual Taxpayer Identification Number*, if known:

 -  - 

Percentage of interest during the period of discrimination

 %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer Identification Number*, if known:

 -  - 

Percentage of interest during the period of discrimination

 %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer Identification Number*, if known:

 -  - 

Percentage of interest during the period of discrimination

 %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer Identification Number*, if known:

 -  - 

Percentage of interest during the period of discrimination

 %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer Identification Number*, if known:

 -  - 

Percentage of interest during the period of discrimination

 %

Last Name:

First Name:

Social Security Number or *Individual Taxpayer Identification Number*, if known:

 -  - 

Percentage of interest during the period of discrimination

 %

### Supporting Documentation Requests

*Please indicate which of the below documents have been attached to your Application. Select all that apply.*

If your participation in a USDA farm loan program was as a "member" of an entity, your Application would be stronger if you provide documentation of the extent of **both** your ownership interest, and that of other members, such as:

☐ FSA-2001

Other documents that contain information on the members and their percentage interest, for example:

☐ Tax returns

☐ Loan documents

☐ Bills

☐ Partnership or other entity paperwork

☐ Articles of incorporation

☐ Other (please specify the document type or title):



D. ASSIGNED/ASSUMED DEBT:

If this Application for financial assistance involves assigned or assumed debt, provide information about the Original Borrower.

**Information about the Original Borrower:**

Last Name (including suffix) or Name of Entity:

First Name:

Middle Name:

Mailing Address:

Apt./Suite Number:

City:

State/Province:

Zip/Postal Code:

Country (if not U.S.):

Date of Birth:

mm

dd

yyyy

Social Security Number or *Individual Taxpayer*  
Identification Number, if applicable and known:

 -  - 

OR

*Entity Taxpayer* Identification Number, if applicable:

 - 

List any other name that the original borrower used or did business with USDA under  
(e.g., maiden name):

Last Name (including suffix) or Name of Entity:

First Name:

Last Name (including suffix) or Name of Entity:

First Name:

Last Name (including suffix) or Name of Entity:

First Name:

**Supporting Documentation  
Requests**

*Please indicate which of the  
below documents have been  
attached to your Application.  
Select all that apply.*

If this Application for financial  
assistance involves assigned or  
assumed debt, you **may** provide  
documentation demonstrating the  
assignment or the assumption of  
that debt from the original borrower  
to yourself, such as:

- ☐ Copy of loan or mortgage  
assignment or assumption
- ☐ Other (please specify the  
document type or title):

► CONTINUE TO STEP 3 ON NEXT PAGE

## STEP 3 Eligibility for this Program as a Farmer and/or Rancher

- Fill out Part A, below, if you have ever been a farmer or rancher.
- Fill out Part B, below, if you *intended* to become a farmer or rancher, but were unable to do so because you were discriminatorily denied access to a USDA farm loan program.

### A. FOR APPLICANTS WHO ARE OR WERE FARMERS OR RANCHERS:

1. Did you own or lease your farmland during the period of discrimination?

☐ Own ☐ Lease

2. Where is the farmland that you owned or leased during the period of discrimination? (required)

Street Address (or crossroads, or other verifiable description, if there is no street address):

City:

State:

Zip Code:

County:

3. What are the FSA Farm Number(s) or FSA Farm Tract Number(s) for farmland that you owned or leased during the period of discrimination?

a. If you had FSA Farm Number(s), list them here:

b. If you had FSA Farm Tract Number(s), list them here:

(Note: the FSA Farm Number or Farm Tract Number will assist in processing your Application, but if you didn't have one or no longer know what it was, that is not disqualifying.)

4. What years did you farm or ranch?

5. What is/was the name of your farm or ranch that you owned or leased during the period of discrimination?

### Supporting Documentation Requests

*Please indicate which of the below documents have been attached to your Application. Select all that apply.*

To document that you **owned** your farm or ranch, you **must** submit at least one of the following:

- ☐ Deed
- ☐ Property tax records
- ☐ Producer farm report indicating OWNER
- ☐ Other (please specify the document type or title):

To document the location of your farming or ranching operation, it is sufficient to provide the FSA Farm Number (Question 3), FSA Farm Tract Number (Question 3) or FSA Farm Loan Number (STEP 4). If you don't have any of those, you **may** submit at least one of the following:

- ☐ Deed
- ☐ Property tax records
- ☐ Lease
- ☐ Marketing or other business materials that include the name of the operation and its address
- ☐ Land Survey
- ☐ Other (please specify the document type or title):

6. In a few sentences, please describe your farm or ranch during the period of discrimination:

7. What were your main crops or livestock during the period of discrimination?

8. What was your one main crop or livestock type (in terms of revenue) during the period of discrimination?

Supporting Documentation Requests

To document that you had a farming or ranching operation, it is sufficient to provide the FSA Farm Number (Question 3), FSA Farm Tract Number (Question 3) or FSA Farm Loan Number (STEP 4).

If you don't have any of those, you may submit:

- ☐ Lease that demonstrates farm operation
- ☐ IRS 1040 Schedule F
- ☐ State Agricultural Land Valuation documentation
- ☐ Sworn statement from a non-family member who knew you were a farmer at the time of the discrimination, describing your operations and how they have knowledge of your operation
- ☐ Documentation of membership in farm organizations
- ☐ Financial records (bills, receipts for supplies or equipment, evidence of farm program participation, evidence of payment to the farm by third parties)
- ☐ Records reflecting farm ownership from third party farm suppliers
- ☐ Other (please specify the document type or title):

(remainder of page intentionally blank)

**ONLY for individuals who are not providing an FSA Farm Number (Question 3), an FSA Farm Tract Number (Question 3) or an FSA loan number (STEP 4):**

We ask the questions that follow in order to help you establish that you were, in fact, a farmer or rancher. Your answers to these questions are *not* part of our evaluation whether discrimination occurred.

9. If you are unable to provide an FSA Farm Number, an FSA Farm Tract Number, or an FSA Loan Number, please explain why not.

10. Have you ever participated in or received benefits from a USDA farm program?

☐ No. If no, proceed to the next question. ☐ Yes. If yes, select all boxes that apply:

- ☐ I receive or received FSA Program payments or NRCS program payments.  
From what program(s):

- ☐ I have an existing farm producer account in [www.farmers.gov](http://www.farmers.gov) (FSAFarm+)

- ☐ Other, please specify:

11. If you are unable to provide an FSA Farm Number, an FSA Farm Tract Number, or an FSA Loan Number, please provide any other evidence or description to support that you were a farmer or rancher. See sidebar on prior page for possible documentation.

**B. FOR APPLICANTS WHO NEVER FARMED, BUT WHO WOULD HAVE OPERATED A FARM OR RANCH IF THEY HAD RECEIVED A LOAN THROUGH A USDA FARM LOAN PROGRAM:**

Fill out this part only if you have never farmed, **but**:

- you intended to farm, and
- you attempted to obtain a USDA farm loan, for which you were qualified, and
- you were not able to obtain a USDA farm loan because of discrimination by USDA in its farm loan programs.

The questions in this part are where you can establish that you did attempt to farm. For each question, you should provide additional documentation if it is available. (Your efforts to obtain a USDA loan are covered in STEP 4; the discrimination is covered in STEP 5.)

1. Did you plan to buy or lease the land you intended to farm?

☐ Buy ☐ Lease

2. Please describe in detail the farmland you intended to buy or lease, providing as much of the information below as you can.

a. If the farmland had FSA Farm Tract Number(s), provide them here:

b. Land location (required):

Street Address (or crossroads, or other verifiable description, if there is no street address):

City:

State:

Zip Code:

County:

c. Number of acres you intended to buy or lease:

d. Things you did to prepare to farm, including education or other activities:

**Supporting Documentation  
Requests**

*Please indicate which of the below documents have been attached to your Application. Select all that apply.*

To document your plans, you **may** provide any supportive documentation. **For this part, more documentation would be helpful to your Application.** For example:

- ☐ Your business plan
- ☐ Your marketing plan
- ☐ Your loan application
- ☐ Receipts from relevant purchases or equipment leases
- ☐ A sworn statement from a non-family member who knew your plans, describing those plans and how they have knowledge of your attempt
- ☐ Documentation of farm-related education
- ☐ Documentation of farm-related employment
- ☐ Other (please specify the document type or title):

e. Investments you made to prepare to farm:

f. Types of crops (including trees) you intended to plant and harvest:

g. Types of livestock you intended to raise:

h. Describe specifically any farming equipment you bought, leased, or otherwise obtained:

i. What were your marketing plans for the crops you intended to produce and the livestock you intended to raise? (That is, how did you plan to sell the crops/livestock, and to whom?)

j. Provide any other details that demonstrate that you intended to farm or ranch:

► CONTINUE TO STEP 4 ON NEXT PAGE

## STEP 4

## Eligibility for this Program as a Borrower or Attempted Borrower in a USDA Farm Loan Program

- If you directly experienced discrimination, in what type of USDA farm loan program did you participate or attempt to participate during the period of discrimination? **(Select all that apply)**
  - ☐ Check here if you participated in direct lending (Fill out Part A, below)
  - ☐ Check here if you participated in guaranteed lending (Fill out Part B, below)
  - ☐ Check here if you attempted to participate in direct lending (Fill out Part C, below)
  - ☐ Check here if you attempted to participate in guaranteed lending (Fill out Part D, below)
- If you have assumed or assigned debt, what type of USDA farm loan program covered that debt during the period of discrimination? **(Select all that apply)**
  - ☐ Check here if your assumed or assigned debt comes from direct lending (Fill out Part A, below)
  - ☐ Check here if your assumed or assigned debt comes from guaranteed lending (Fill out Part B, below)

**NOTE for guaranteed lender participants:** Only discrimination **by USDA** is covered by this program.

### A. IF YOU OR THE ORIGINAL BORROWER PARTICIPATED IN DIRECT LENDING, ANSWER THE FOLLOWING QUESTIONS:

Please provide the following information regarding your loan(s), if available:

- FSA Farm Loan Number(s), if you have one:  
(Note: FSA Farm Loan Numbers are typically 14 digits, XX XXX XXXXXXXXXX)
- Type of loan (Select all that apply):
 

<input type="checkbox"/> Farm Ownership Loan (FO)	<input type="checkbox"/> Farm Storage Facility Loan (FSFL)
<input type="checkbox"/> Farm Operating Loan (OL)	<input type="checkbox"/> Economic Emergency (EE)
<input type="checkbox"/> Conservation Loan (CL)	<input type="checkbox"/> Soil and Water (SW)
<input type="checkbox"/> Microloan (ML)	<input type="checkbox"/> Grazing
<input type="checkbox"/> Emergency Loan (EM)	<input type="checkbox"/> Softwood Timber (ST)
<input type="checkbox"/> Youth Loan (YL)	
- Total original amount of all USDA direct farm loans, during the period of discrimination:  
 \$
- Approximate amount of debt currently owed (principal and interest) on your USDA direct farm loan(s):  
 \$
- Approximate total of all payments made to date on your USDA direct farm loan(s):  
 \$

### B. IF YOU OR THE ORIGINAL BORROWER PARTICIPATED IN GUARANTEED LENDING, ANSWER THE FOLLOWING QUESTIONS:

Please provide the following information regarding your loan(s), if available:

- Guaranteed Loan Bank Name:
- Bank Loan Number(s):
- FSA Farm Loan Number(s), if you have one:  
(Note: FSA Farm Loan Numbers are typically 14 digits, XX XXX XXXXXXXXXX)

### Supporting Documentation Requests for Borrowers

*Please indicate which of the below documents have been attached to your Application. Select all that apply.*

To document your participation in USDA Farm Lending **if you do NOT have an FSA Farm Loan number**, you **must** provide at least one of the following:

- ☐ Loan documentation (e.g. USDA loan application or agency letters indicating loan approval)
- ☐ Promissory note that you signed at the beginning of the loan
- ☐ Proof of loan payments made (canceled checks or bank statements showing payments were made)
- ☐ Other (please specify the document type or title):



4. Type of loan (Select all that apply):

- ☐ Farm Ownership Loan (FO)  
☐ Farm Operating Loan (OL)  
☐ Conservation Loan (CL)  
☐ Economic Emergency (EE)  
☐ Emergency Livestock (EL)

5. Total original amount of all USDA guaranteed farm loans, during the period of discrimination:

\$

6. Approximate amount of debt currently owed (principal and interest) on your USDA guaranteed farm loan(s):

\$

7. Approximate total of all payments made to date on your USDA guaranteed farm loan(s):

\$

C. IF YOU **TRIED** TO PARTICIPATE IN **DIRECT** LENDING, BUT YOU COULD NOT BECAUSE OF DISCRIMINATION:

1. Please select your citizenship status at the time you tried to participate in direct lending:

- ☐ U.S. citizen  
☐ U.S. non-citizen national (a person born in American Samoa or Swains Island on or after the date the U.S. acquired American Samoa or Swains Island, or a person whose parents are U.S. noncitizen nationals)  
☐ Qualified alien as identified in Section 401 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (8 U.S.C. 1611). This includes lawful permanent residents and others identified at p. 280 of [https://www.fsa.usda.gov/Internet/FSA\\_File/3-flp\\_r02\\_a39.pdf](https://www.fsa.usda.gov/Internet/FSA_File/3-flp_r02_a39.pdf)

2. What type of USDA farm loan did you seek? (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Farm Ownership Loan (FO) | <input type="checkbox"/> Farm Storage Facility Loan (FSFL) |
| <input type="checkbox"/> Farm Operating Loan (OL) | <input type="checkbox"/> Economic Emergency (EE)           |
| <input type="checkbox"/> Conservation Loan (CL)   | <input type="checkbox"/> Soil and Water (SW)               |
| <input type="checkbox"/> Microloan (ML)           | <input type="checkbox"/> Grazing                           |
| <input type="checkbox"/> Emergency Loan (EM)      | <input type="checkbox"/> Softwood Timber (ST)              |
| <input type="checkbox"/> Youth Loan (YL)          |  |

3. Describe the steps you took to try to get a loan:

**Supporting Documentation  
Requests for Attempted  
Borrowers**

*Please indicate which of the below documents have been attached to your Application. Select all that apply.*

To document your citizenship status at the time you **attempted** to participate in a USDA Farm Lending Program, you **must** provide documentation if you were not a citizen:

If you were a U.S. non-citizen national, you **must** provide:

- ☐ Documentation described in Exhibit 9 of this document: [https://www.fsa.usda.gov/Internet/FSA\\_File/3-flp\\_r02\\_a39.pdf](https://www.fsa.usda.gov/Internet/FSA_File/3-flp_r02_a39.pdf) (pdf page 299).

If you were a Qualified Alien as defined under PRWORA (8 U.S.C. 1641), you **must** provide either:

- ☐ BCIS Form I-551 (commonly known as a "green card"), **OR**  
☐ Other documentation described in Exhibit 8 of this document: [https://www.fsa.usda.gov/Internet/FSA\\_File/3-flp\\_r02\\_a39.pdf](https://www.fsa.usda.gov/Internet/FSA_File/3-flp_r02_a39.pdf) (pdf page 295).

4. What was the amount of the loan you sought?

\$

5. When did you try to get a USDA farm loan?

6. Who did you speak to at USDA (including FSA) about this loan? (If you have this information):

Name(s)/title/position:

Office type and location:

7. Was a decision made on your loan application?

☐ No ☐ Yes. If yes, complete 7a and 7b below:

a. What decision was made?

b. To the best of your knowledge, when was the decision made?

**D. IF YOU TRIED TO PARTICIPATE IN GUARANTEED LENDING, BUT YOU COULD NOT BECAUSE OF DISCRIMINATION:**

1. Please select your citizenship status at the time you tried to participate in guaranteed lending:

- ☐ U.S. citizen
- ☐ U.S. non-citizen national (a person born in American Samoa or Swains Island on or after the date the U.S. acquired American Samoa or Swains Island, or a person whose parents are U.S. noncitizen nationals)
- ☐ Qualified alien as identified in Section 401 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (8 U.S.C. 1611). This includes lawful permanent residents and others identified at p. 280 of [https://www.fsa.usda.gov/Internet/FSA\\_File/3-flp\\_r02\\_a39.pdf](https://www.fsa.usda.gov/Internet/FSA_File/3-flp_r02_a39.pdf)

2. What type of financing did you seek through a USDA farm loan program? (Select all that apply)

- ☐ Farm Ownership Loan (FO)
- ☐ Farm Operating Loan (OL)
- ☐ Conservation Loan (CL)
- ☐ Economic Emergency (EE)
- ☐ Emergency Livestock (EL)

**Supporting Documentation  
Requests for Attempted  
Borrowers**

*Please indicate which of the below documents have been attached to your Application. Select all that apply.*

To document your attempt to participate in direct or guaranteed USDA Farm Lending, you may provide any available documentation, such as:

- ☐ Loan application
- ☐ FSA-2211 (Application for Guarantee)
- ☐ Receipt for service
- ☐ Sworn statement by a non-relative explaining how you attempted to participate in USDA direct or guaranteed lending, and how they have knowledge of your attempt.
- ☐ Agency letter(s) relating to the loan
- ☐ Prior complaint by you, in a court or to USDA
- ☐ Letter or other document by a non-relative, close in time to the event, explaining how you attempted to participate in USDA direct or guaranteed lending.
- ☐ Other (please specify the document type or title):

To document your attempt to participate in guaranteed USDA Farm Lending, you must also (in addition to documents referenced immediately above) provide at least one of the following:

- ☐ Loan decision or conditional loan decision by the bank
- ☐ FSA-2211 (Application for Guarantee)
- ☐ Correspondence with the USDA, FSA, or lending institution regarding status updates, requests for further information, or decisions on your application
- ☐ Other (please specify the document type or title):

3. Describe the steps you took to try to get a loan:

4. What was the amount of the loan you sought?

\$

5. When did you seek this loan from a bank?

6. From what bank?

7. Who did you speak to at USDA (including FSA) about this loan? (If you have this information):

Name(s)/title/position:

Office type and location:

8. Was a decision made on your loan application by the bank?

☐ No ☐ Yes. If yes, complete 8a through 8c below:

a. What decision was made by the bank?

b. To the best of your knowledge, when was the decision made?

c. If you do not have documentation of a bank decision, how did you know the outcome of the bank's decision on your loan application?

9. Was a decision made on your participation in USDA guaranteed lending by USDA/FSA?

☐ No ☐ Yes. If yes, complete 9a and 9b below:

a. What decision was made by USDA/FSA?

b. To the best of your knowledge, when was the decision made?

► CONTINUE TO STEP 5 ON NEXT PAGE

## STEP 5 Discrimination in USDA Farm Loan Programs

This part of the Application asks you to describe the actions you believe USDA took against you in administration of a USDA farm loan program, because of your:

- race
- color
- national origin or ethnicity
- sex
- sexual orientation
- gender identity
- religion
- age
- marital status
- disability
- reprisal/retaliation for prior civil rights activity

Covered discrimination could include, for example: failure to provide appropriate assistance; delay in processing loan or loan servicing application; denial of a loan or loan servicing; prevention from applying for a loan or loan servicing; adverse loan terms; unduly onerous supervision of loan requirements where these were due to discrimination.

### A. BASIS OF DISCRIMINATION:

1. Please indicate the basis of the discrimination by USDA.

*Select all that apply and note information as of the time of the incident(s).*

NOTE: For each category, if the discrimination was on the basis of perceived (rather than actual) status or identity, please explain in question 2 below.

a. Race:

- ☐ No ☐ Yes. If yes, please specify your race: (Select all that apply)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black / African American
- ☐ Native Hawaiian / Other Pacific Islander
- ☐ White
- ☐ Other (please specify):

b. Color:

- ☐ No ☐ Yes. If yes, please specify your color:

c. National Origin (including ethnicity):

- ☐ No ☐ Yes. If yes, please specify your national origin and/or ethnicity:
- ☐ Hispanic or Latino
- ☐ Other (please specify):

d. Sex:

- ☐ No ☐ Yes. If yes, please specify your sex:
- ☐ Male
- ☐ Female
- ☐ Non-binary

e. Sexual Orientation (e.g., the status of being gay or lesbian):

- ☐ No ☐ Yes. If yes, please specify your sexual orientation:

f. Gender Identity (e.g., the status of being transgender):

- ☐ No ☐ Yes. If yes, please specify your gender identity:

### Supporting Documentation Requests

*Please indicate which of the below documents have been attached to your Application. Select all that apply.*

American Indian/Alaska Native means any citizen of the United States who can document membership in a federally or state recognized tribe, band, nation, or community, including any Alaska native village or regional or village corporation (as established in the Alaska native Claims Settlement Act), or membership in a group that has requested federal recognition. A "federally recognized tribe" is one recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. A "state recognized tribe" is one formally recognized as an Indian tribe by a State legislature or other similar organization vested with State tribal recognition authority.

To document your American Indian/Alaska Native status, you **must** provide either:

- ☐ An identification card issued by the federal government or a federally recognized tribal government that the applicant is a member of the American Indian tribe, **OR**
- ☐ A letter or statement from the tribal government that states that the applicant is a member of the American Indian tribe

<p>g. Religion:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes. If yes, please specify your religion:</div></div> <div style="border: 1px solid black; height: 25px; width: 100%; margin-top: 5px;"></div>	
<p>h. Age:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes. If yes, please specify your age:</div></div> <div style="border: 1px solid black; height: 25px; width: 100%; margin-top: 5px;"></div>	
<p>i. Marital Status:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes. If yes, please specify your marital status:</div></div> <div style="border: 1px solid black; height: 25px; width: 100%; margin-top: 5px;"></div>	
<p>j. Disability:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes. If yes, please specify your disability:</div></div> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	
<p>k. Reprisal or retaliation for prior civil rights activity:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes. If yes, please describe the prior civil rights activity for which you are asserting reprisal or retaliation:</div></div> <div style="border: 1px solid black; height: 120px; width: 100%; margin-top: 5px;"></div>	
<p>2. If any of the discrimination listed in question 1 was on the basis of perceived (rather than actual) status or identity, please explain here:</p> <div style="border: 1px solid black; height: 180px; width: 100%; margin-top: 5px;"></div>	

### Supporting Documentation Requests

*Please indicate which of the below documents have been attached to your Application. Select all that apply.*

If the type of discrimination you experienced was reprisal or retaliation for prior civil rights activity you **may** provide available documentation of the prior civil rights activity, for example:

☐ Prior complaint, or a response to it

☐ Other (please specify the document type or title):

## B. DETAILS REGARDING ANY AND ALL INSTANCES OF DISCRIMINATION THAT OCCURRED:

Please tell us, specifically, how you believe USDA discriminated against you in farm loan programs.

**Please fill in the questions on pages 23 through 27 for each instance of discrimination; copy those pages as many times as you need to cover every instance of discrimination by USDA.**

1. Number of instances of discrimination by USDA prior to January 1, 2021:

☐ Check here if you have attached additional pages with details for all additional instances of discrimination.

INSTANCE OF DISCRIMINATION DETAILS

If there is more than one instance of discrimination, please identify each instance with a number in the box below and at the top of pages 24 through 27. Copy pages 23 through 27 and fill them out and attach for each instance. If you need to attach additional sheets to respond to any question, reference this instance number on the additional pages attached.

Instance Number:

☐ Check here if you have attached additional pages with details for **this** instance.

a. Describe this instance of discrimination by USDA:

(Attach additional sheets as necessary –  
reference this instance number on additional pages attached)

Supporting Documentation  
Requests

Please indicate which of the below documents have been attached to your Application. Select all that apply.

To document your allegations of discrimination, you **may** provide:

- ☐ Any documentation you possess of a complaint or assertion of discrimination that was close in time to the events. (e.g. complaint itself or a response to it)
- ☐ Communications with the USDA (including FSA), or lending institution that include any discriminatory statements, including any available name, title, or position details of the representatives that made such statements
- ☐ Sworn statement from a non-family member and how they have knowledge of the discrimination
- ☐ Other (please specify the document type or title):

Instance Number:

b. Describe why you think you were eligible for the loan or loan action you requested. (For example, describe your education, farm experience, farm loan history, credit, collateral, how you met the financial requirements or program requirements for obtaining the requested loan or loan action; etc.):

Supporting Documentation Requests

To document your eligibility for the requested loan or loan action, you **may** provide any pertinent documentation, including, for example:

☐ Agricultural education (please specify the document type or title):

☐ Farm work experience (please specify the document type or title)

☐ Farm loan history (please specify the document type or title)

☐ Credit (please specify the document type or title)

☐ Collateral (please specify the document type or title)

☐ Sworn statement from a non-family member and how they have knowledge of your eligibility (please specify the document type or title)

☐ Other documents that demonstrate that you met the financial requirements or program requirements for obtaining the requested loan or loan action (please specify the document type or title)

(Attach additional sheets as necessary – reference this instance number on additional pages attached)



Instance Number:

c. Describe the basis of this discrimination:

- ☐ race
- ☐ sexual orientation
- ☐ marital status
- ☐ color
- ☐ gender identity
- ☐ disability
- ☐ national origin or ethnicity
- ☐ religion
- ☐ reprisal/retaliation for prior civil rights activity
- ☐ sex
- ☐ age

d. What happened that makes you believe USDA's actions were discriminatory? (For example, something that was said, or how others were treated in similar circumstances, or any other facts that suggest that discrimination occurred.)

(Attach additional sheets as necessary – reference this instance number on additional pages attached)

e. When and where did you experience discrimination?

Date:

Location:

f. What type of location was this? (e.g., county office, farm)

Instance Number:

g. What were the reasons given (if any) for the discriminatory action you are describing?

(Attach additional sheets as necessary – reference this instance number on additional pages attached)

h. Who committed this act of discrimination against you? Please include as much information as you can about the individual(s) involved, including whatever you know about their name, title, position, etc.:

(Attach additional sheets as necessary – reference this instance number on additional pages attached)

Instance Number:

i. Did anyone else observe the discrimination or otherwise become aware of the discriminatory action against you?  
Please tell us who, and how they learned about this discrimination.

j. Is there any other information that you feel supports your claim that this instance of discrimination occurred?

(Attach additional sheets as necessary – reference this instance number on additional pages attached)

## STEP 6 Losses from Discrimination for Applicants Who Have Operated a Farm or Ranch

In this step, we ask farmers and ranchers about the losses you experienced as a result of discrimination in a USDA farm loan program.

1. Have you ever been a farmer or rancher?

- ☐ No. If no, skip to STEP 7. ☐ Yes. If yes, complete this STEP.

2. Did you lose any agricultural land you **owned** because of the discrimination you described in STEP 5?

- ☐ No. If no, proceed to the next question. ☐ Yes. If yes, complete 2a through 2d below:

a. Describe the circumstances of the loss:

b. When did the loss occur?

c. How many acres did you lose?

d. At the time that you lost this owned agricultural land, how much other agricultural land did you rent or own?

3. If your home was used as collateral for the loan, did you lose your home because of the discrimination you described in STEP 5?

- ☐ No. If no, proceed to the next question. ☐ Yes. If yes, complete 3a through 3c below:

a. My home was used as collateral for the loan:

- ☐ No. ☐ Yes.

b. When did the loss occur?

### Supporting Documentation Requests

*Please indicate which of the below documents have been attached to your Application. Select all that apply.*

To document loss of agricultural land that you owned, you **may** provide any documentation you have of the loss of land, including how much land was lost, such as:

- ☐ Foreclosure notice or order  
☐ Proof of sale if land was sold  
☐ Other (please specify the document type or title):

To document the number of farm/ranch acres you owned and the number of acres you lost, you **may** submit one of

- ☐ Deed  
☐ Lease  
☐ Property tax document reflecting the size of the farm or ranch  
☐ A document previously presented to a federal or state agency reflecting size of the farm or ranch  
☐ Loan or other farm program document reflecting size of the farm or ranch  
☐ Business plan reflecting size of the farm or ranch  
☐ Other (please specify the document type or title):

To document that your house was used as collateral for the loan, you **may** provide:

- ☐ Loan documentation that indicates that the house was included in loan approval  
☐ Deed (showing the lien)

(continued on next page)

c. Describe what happened: (For example, was it the result of a foreclosure?)

4. Were any offsets, garnishments, or deficiency judgments imposed on you as a result of defaulting on your USDA farm loan or USDA foreclosing on your USDA farm loan?

- ☐ No. If no, proceed to the next question.
- ☐ Yes. If yes, complete 4a through 4d below:

a. When did the offsets, garnishments, or deficiency judgments occur?

b. Describe the offsets, garnishments, or deficiency judgments:

Supporting Documentation Requests

- ☐ USDA Security Instrument
- ☐ Other (please specify the document type or title):

To document that your house was lost, you **may** provide:

- ☐ Paperwork of sale of land
- ☐ Quit Deed
- ☐ Loan Servicing Letters
- ☐ Foreclosure Notice
- ☐ Other (please specify the document type or title):

To document any offsets, garnishments, or deficiency judgments imposed on you as a result of default or foreclosure on your farm loan, you **may** provide documentation if you have it:

- ☐ Treasury Offset Letter
- ☐ Deficiency judgments
- ☐ Other (please specify the document type or title):

c. Describe the circumstances of the offsets, garnishments, or deficiency judgments:

d. What was the approximate value of the offsets, garnishments, or deficiency judgments?  
(Do not include within this calculation any losses reported in another part of this Application.)

\$

5. Did you have *other* economic loss, not already listed, because of the discrimination?

NOTE: Do not include anything covered by the above questions. If you lost land that you owned, do not include agricultural equipment; we will estimate it along with the value of the lost land. Your calculation of the loss **must** be provided as an attachment (see sidebar)

☐

No. If no, proceed to the next question.

☐

Yes. If yes, complete 5a through 5d below:

a. When did the loss occur?

b. Describe the loss:

### Supporting Documentation Requests

To document any *other* economic losses, you **must** provide:

☐

Your calculations of the amount of the loss, specifying components of the loss with dates and amounts.

Additionally, your Application **may** be stronger if you also provide available documentation to support those calculations, for example:

☐

Tax documents that show pre-loss revenue and profits.

☐

Receipts

☐

Business plans

☐

Other (please specify the document type or title):

c. Describe the circumstances of the loss:

d. What was the estimated value of the loss?

\$

6. Explain how the losses you experienced were the result of the discrimination you described in STEP 5:

## STEP 7

## Prior Claims, Complaints, and Appeals

You **must** complete this STEP if you received money or other relief for the **same** discriminatory conduct that is the subject of this Application, in Pigford 1, In Re Black Farmers Discrimination Litigation (BFDL) / Pigford 2, Keepseagle, Hispanic and Women Farmers and Ranchers Claims Resolution Process (HWFRCP) / Love / Garcia, or any other type of farm loan discrimination complaint or appeal. Note: Participation in these prior matters does *not* disqualify you for participation in this program.

1. Did you file a claim in any of following USDA claims resolution programs?

### USDA Claims Resolution Programs

Pigford 1	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
In re Black Farmers Discrimination Litigation (BFDL or Pigford 2)	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Keepseagle	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
USDA Hispanic and Women Farmers and Rancher Claims Process (HWFRCP) or Love or Garcia	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

If you answered Yes to filing a claim in at least one of the above USDA Claims Resolution Programs, please complete these questions:

a. Did you receive a monetary award from any of the above USDA claims resolution programs?

☐ Yes. If yes, how much?

\$

☐ No

☐ Do not know

b. As a result of any of the above USDA claims resolutions programs, did you receive any relief of any USDA farm loan debt held prior to January 1, 2021?

☐ Yes. If yes, how much?

\$

☐ No

☐ Do not know

2. Have you previously received money or other relief as a party to any other lawsuit, administrative claim, or appeal against USDA, in which discrimination in USDA farm loan programs was alleged, prior to January 1, 2021?

☐ Yes, I received money or other relief.

☐ No, I either have not participated in any other such matter, or I did not receive money or other relief. (Skip to STEP 8)

☐ I do not know. (Skip to STEP 8)

If yes, complete the remainder of STEP 7 below:

3. What type of action did you participate in?

☐ A lawsuit

☐ An administrative claim, complaint, or appeal made to USDA Office of the Assistant Secretary for Civil Rights

☐ An administrative claim, complaint, or appeal made to USDA Office of Administrative Law Judge

☐ An administrative claim, complaint, or appeal made to another office (specify below):

### Supporting Documentation Requests

Please indicate which of the below documents have been attached to your Application. Select all that apply.

If you received money or other relief from Pigford 1, In Re Black Farmers Discrimination Litigation (BFDL or Pigford 2), Keepseagle, Hispanic and Women Farmers and Ranchers Claims Resolution Process (HWFRCP) or Love or Garcia, or from any other lawsuit, administrative claim, or appeal, you **may** provide such documentation of that money or other relief, such as:

☐ Court or administrative documents. (e.g. lawsuit complaint, court order, judgment or decision).

☐ Notifications of awards

☐ Other (please specify the document type or title):

The program administrators have a full list of awards made under Pigford 1, In Re Black Farmers Discrimination Litigation (BFDL or Pigford 2), Keepseagle, Hispanic and Women Farmers and Ranchers Claims Resolution Process (HWFRCP) or Love or Garcia, so you do **not** need to ask USDA for this documentation, to provide it here.



4. Please provide information about the lawsuit, claim, complaint, or appeal:

Case name:

Court or administrative tribunal/office:

Complaint number or proceeding number:

The lawyer(s) or law firm(s) that represented you in the matter, if any:

In which state(s) are the lawyer(s) or  
law firm(s) located?

Date filed:

Date ended:

5. What is the status of the lawsuit, claim, complaint, or appeal?

- ☐ Decided in your favor  
☐ Settled  
☐ Do not know

6. Did you receive a monetary award from the lawsuit, claim, complaint, or appeal?

- ☐ Yes. If yes, how much?  
☐ No  
☐ Do not know

7. Did you receive any other relief from the lawsuit, claim, complaint, or appeal?

- ☐ Yes. If yes, describe below  
☐ No  
☐ Do not know

Description of other relief:

8. Was the lawsuit, claim, complaint, or appeal based on the same conduct described in this Application?

- ☐ Yes. If yes, skip to STEP 8.
- ☐ No. If no, complete 8a and 8b below:

a. What allegations were made?

b. What findings (if any) resulted?

<b>STEP 8</b>	<b>Additional Information (OPTIONAL)</b>
<p>Please provide any additional information to support your Application on the following page(s). For example, you can add additional details to any answers you have already provided, or if you feel that the questions have left out anything important, you can explain it here. (List the corresponding step, part, and question number along with any additional details.) You may copy the page as many times as you need to tell your full story.</p> <p>If the information provided here is a continuation of the questions above, then it may factor into the amount of financial assistance for which you are eligible. The prior steps of the Application are where program administrators will focus attention in determining amounts of financial assistance.</p> <p>If you wish to provide any additional information about the discrimination you faced beyond a continuation of the questions above, please do so; this information will not affect the amount of financial assistance you receive, but it will help USDA to improve the equity of USDA farm loan programs for every farmer and rancher.</p>	

*(remainder of page intentionally blank)*

STEP 8		Additional Information (OPTIONAL) Response Template	
<p>Make a copy of this page as many times as you need to provide additional details in support of your Application. Please indicate the corresponding Step, Part, Instance and/or Question number if the additional details provided below continue a response to a prior question in this Application.</p>			
STEP:	<input type="text"/>	Part:	<input type="text"/>
		STEP 5 Part B Instance:	<input type="text"/>
		Question:	<input type="text"/>
<i>or</i>		<input type="checkbox"/> Check here if this is a general response and is not a continuation of a particular question	
<p>Additional Details:</p> <div style="border: 1px solid black; height: 700px; width: 100%;"></div>			

**STEP 9**

**Taxpayer Information Request**

In order to receive financial assistance, you **must** provide one of the following documents. You will not be issued any financial assistance payment, even if your Application is approved, if you do not include one of these documents.

**Taxpayer Information**

Provide the W-9 (or W-8) form for the individual applicant identified in STEP 1 of this form. Please do not provide the tax form for any other people or entities involved in ownership of the property or in the loan.

1. **U.S. Citizens, U.S. Resident Aliens and U.S. Entities must** submit a completed IRS Form W-9. You may obtain a copy of the IRS Form W-9 at: <https://www.irs.gov/forms-pubs/about-form-w-9>.  
☐ I am attaching a completed IRS Form W-9.
2. **Non-U.S. Citizens, Non-U.S. Resident Aliens must** submit the appropriate completed IRS Form W-8BEN, W-8ECI, or Other W-8, as applicable. *Please visit [irs.gov](https://irs.gov) for information about and obtain a copy of each Form W-8 if you are unsure of which form to complete and submit.*  
☐ I am attaching a completed IRS Form W-8BEN.  
☐ I am attaching a completed IRS Form W-8ECI.  
☐ I am attaching a different completed IRS Form W-8. Specify which form is attached:

**Payment Information**

If your Application is approved, and you qualify for financial assistance, your financial assistance payment will be issued via check, and your check will be mailed to the address listed in STEP 1 of this Application.

► CONTINUE TO STEP 10 ON NEXT PAGE

## STEP 10

## Signatures and Certifications

By submitting this form, you are agreeing that you understand the notices below regarding your waiver of rights, and the Privacy Act.

### Privacy Act Notice:

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). By submitting this form, you are authorizing the U.S. Department of Agriculture to collect this information as authorized by the Inflation Reduction Act, Section 22007, Title II of Public Law 117-169 (Aug. 16, 2022). The information you submit in your Application is for official use by the U.S. Department of Agriculture, including its agency contractors and vendors assisting in the administration of the Fund, for the purposes of determining your eligibility for, and the amount of, financial assistance you may receive under your Application. The information collected on this form may be disclosed to U.S. Department of Treasury for income reporting, in addition to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14. Provision of this information is voluntary; however, failure to provide complete information may result in a delay in processing or a denial of your Application.

### Paperwork Reduction Act Notice:

Public reporting burden for this collection is estimated to average 1.5 hours per response, including instructions, gathering and maintaining the data needed, completing (providing the information), and reviewing the collection of information. We try to create forms and instructions information), and reviewing the collection of information. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you.

You are not required to respond to the collection of information unless it displays a valid OMB control number: 0503-0028.

### Nondiscrimination Act Statement:

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 <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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; or (2) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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

Inflation Reduction Act Financial Assistance	SIGNATURE PAGE OMB No: 0503-0028	Applicant's Social Security Number or Individual Taxpayer ID Number

**Instructions:** Please review the following statements and initial where indicated. Sign and date the form and print your name at the end of the form.

For all applicants, please initial in acknowledgement of the following:

<div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 10px;"></div> <div>Initial Here</div>	<p><b>I Certify</b> that the information provided in this Application and any documents provided in support of this Application are true and accurate to the best of my knowledge, and I declare under penalty of perjury that the foregoing is true and correct. <b>I Understand</b> that false statements or applications made in connection with the Application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government, including as provided in 18 U.S.C. § 1001, and that applications that appear to be potentially fraudulent or to contain false information will be forwarded to federal, state, and local law enforcement authorities for possible investigation and prosecution.</p>
<div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 10px;"></div> <div>Initial Here</div>	<p><b>I Understand</b> the submission of this Application authorizes the U.S. Department of Agriculture to collect this information under the Privacy Act and I have read and understand the Privacy Act Notice provided. Consistent with that Notice, <b>I Consent</b> to the disclosure of any records or information relating to my Discrimination Financial Assistance Program (DFAP) application for the routine uses described in that Notice, and <b>I Further Authorize</b> such disclosures for the purpose of determining qualification and/or financial assistance for my Application to: agency contractors assisting in the administration of the Financial Assistance Fund; other federal, state, or local agencies, including the U.S. Department of Treasury.</p>
<div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 10px;"></div> <div>Initial Here</div>	<p><b>I Authorize</b> the U.S. Department of Agriculture to obtain any information relating to my Application under the Inflation Reduction Act Section 22007 Discrimination Financial Assistance Program (Program or DFAP) for the purpose of evaluating my Application for financial assistance to the DFAP from any other federal, state, or local agencies or other sources having information relating to my Application. This information may include but is not limited to government and financial information about me or the individual whom I represent. <b>I Further Authorize</b> individuals, entities, and federal, state, and local agencies, having information pertinent to my Application, to release such information to a duly accredited representative of the U.S. Department of Agriculture during the review of my Application to the DFAP, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. I acknowledge that I have the right to revoke this Authorization at any time, except to the extent that DFAP and the entities listed above have already acted based on this Authorization. I understand that the knowing and willful request for, or acquisition of, a record pertaining to an individual under false pretenses is a criminal offense subject to a \$5,000 fine.</p>

Signature of applicant

Date of signature

Printed name of applicant

Inflation Reduction Act Financial Assistance	SIGNATURE PAGE	Applicant's Social Security Number or Individual Taxpayer ID Number
OMB No: 0503-0028		

Signature of preparer, guardian, or lawyer:

The fee I have charged for helping the applicant, if any, is: \$

For all preparers, guardians, or lawyers, please initial in acknowledgement of the following:

Initial Here	I hereby certify that I have prepared this Application for the applicant, based on information provided to me by the applicant or obtained by me, and have fully provided all relevant information that has been shared with me.
Initial Here	I hereby certify that I have informed the applicant that the government is not charging any fee to an applicant to apply for financial assistance under this program.
Initial Here	I hereby certify that I do not have knowledge or information that the information provided in this Application and its documents is incorrect or untruthful.
Initial Here	I declare under penalty of perjury that the foregoing certifications are true and correct.
Initial Here	I understand that false statements or applications made in connection with the Application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government, including as provided in 18 U.S.C. § 1001, and that applications that appear to be potentially fraudulent or to contain false information will be forwarded to federal, state, and local law enforcement authorities for possible investigation and prosecution.

Signature of preparer

Date of signature

Printed name of preparer

Preparer's organization (if applicable)

Preparer's phone number

Preparer's email