



**APPLICANT'S CERTIFICATION**

The Applicant certifies that the statements made on this application are true, complete and correct to the best of the applicant's knowledge and belief, and made in good faith to obtain a loan. Section 1001 of Title 18, United States Code provides for criminal penalties to those who provide false statements on loan applications. Applicants are aware that credit reports will be requested on all applicants and co-applicants. By signing below, I acknowledge that FSFL requirements must be met before loan disbursement.

10. I certify that I am aware that, in accordance with the above certification that the following may be required:

- All-Peril Structural Insurance shall be in place prior to loan closing and through the loan period
- Multi-Peril Crop Insurance, NAP coverage, or dairy insurance as applicable shall be purchased and continued through the loan period
- Flood insurance
- Automobile Insurance (Full Coverage) for Storage and Handling Truck
- Provide Additional Security, if required as a condition of approval
- Annually provide proof of real estate tax being paid on secured property and where loan collateral is located
- Annually allow FSA access to the farm for inspection of FSFL collateral
- Cost of Appraisal
- Other: \_\_\_\_\_

\_\_\_\_\_  
(Initial and Date)

11. Are you or any co-applicant delinquent on any Federal non-tax debt? (If "YES", provide details in the remarks) YES      NO

12. Will the storage facility, equipment and/or storage and handling truck be used for commercial purposes? YES      NO

13. Are you or any co-applicant a family member of a FSA employee? YES      NO

14. Additional Remarks

15A. Signature of Applicant (By)	15B. Shares %	15C. Title/Relationship of the Individual if Signing in a Representative Capacity	15D. Date of Application (MM-DD-YYYY)
16A. Signature of Co-applicant (By)	16B. Shares %	16C. Title/Relationship of the Individual if Signing in a Representative Capacity	16D. Date of Application (MM-DD-YYYY)
17A. Signature of Co-applicant (By)	17B. Shares %	17C. Title/Relationship of the Individual if Signing in a Representative Capacity	17D. Date of Application (MM-DD-YYYY)
18A. Signature of Co-applicant (By)	18B. Shares %	18C. Title/Relationship of the Individual if Signing in a Representative Capacity	18D. Date of Application (MM-DD-YYYY)

**NOTE:** The following statement 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 Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Agricultural Act of 2014 (7 U.S.C. 9039), and 7 CFR Part 1436. The information will be used to determine eligibility to participate in and receive benefits under the Farm Storage Facility Loan Program. The information collected on this form may be disclosed 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, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Farm Storage Facility Loan Program.

The information collection is exempted from PRA as specified in 7 U.S.C. 8781(c)(2). The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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, audiotape, 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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.