



Rural Finance Authority
 Minnesota Department of Agriculture
 625 Robert Street North
 St. Paul, Minnesota 55155-2538
 651-201-6004

FOR RFA USE ONLY:

Application No.: _____
 Date Received: _____

APPLICATION FOR DISASTER RECOVERY LOAN PARTICIPATION

A 45%/\$200,000 Participation Program

PART 1: OFFER: Submission of this application constitutes an offer to sell a participation interest in the lenders proposed loan described in the application.

Lender Name: _____ MPA #: _____
 Lender Address: _____ P.O. Box: _____
 City, State, Zip: _____
 Contact Person: _____ Phone: _____
 Federal Tax ID: _____ State Tax ID: _____ Fax: _____

PART 2: RECOVERY FINANCING:

Total cost of recovery	\$	_____
Less applicant equity/other	- \$	_____
Total financing requested	\$	_____
Closing costs (if financed)	+ \$	_____
Amount to be financed by lender and RFA	\$	_____
RFA participation amount (_____%)	\$	_____
Loan balance retained by lender **	\$	_____
** (including other financed costs i.e. stock \$_____)		

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

PART 3: APPLICANT(S):

Name: _____ Phone: _____

Name: _____ County: _____

Address: _____ Zip: _____

PART 4: APPLICANT ELIGIBILITY CRITERIA – ALL APPLICANTS:

Circle either **T** for true or **F** for false regarding each of the following. When two or more individuals apply jointly, the term “I” shall mean “we”, but only one person need fulfill criteria 2 and 6.

A: GENERAL ELIGIBILITY CRITERIA – ALL APPLICANTS

- 1. T F I am a resident of the State of Minnesota or a domestic family farm corporation or a family farm partnership as defined in Section 500.24, Subdivision 2.
- 2. T F I am the principal operator of the farm.
- 3. T F I certify that the damage or loss was sustained within a county that was included in a state or federal disaster declaration or because of the presence of avian influenza.
- 4. T F I have received all applicable indemnity claims.
- 5. T F At least 50 percent of my average annual gross income was from farming the last three years.
- 6. T F I have a financial need and the ability to repay the loan.
- 7. T F I am actively engaged in farming (off-farm income is acceptable).
- 8. T F I have never received an RFA participation loan before. If false, enter RFA participation loan #: _____.

I HEREBY CERTIFY that I have read and circled the eligibility criteria above, that I am eligible for the program indicated, and have submitted my \$50 non-refundable application fee.

(Signature)

(Spouse)

(Date)

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

PART 5: LENDER CERTIFICATION:

I HEREBY CERTIFY that I have reviewed the above criteria with the applicant and believe that the applicant is in compliance with the statutory intent of the program and the Participation Agreement which we have executed.

(Authorized Signature) (Title) (Date)

The lender must submit the following documents with this application:

\$50 non-refundable application fee; lenders evaluation of collateral; cash flow projection for the next complete production year; three years of borrower's income tax statements; loan narrative and risk rating analysis; qualified financial statement; and RFA Loan Agreement and Note (rough draft).

(Financial information is confidential by law)

PART 6: FINANCING INFORMATION: Loan proceeds may be used to:

- A:** Pay for the cost of clean-up and removal of debris, lost seed or other crop inputs (including machinery repair), feed or livestock not covered by insurance.
- B:** Repair existing agricultural buildings to pre-disaster conditions.
- C:** Replace destroyed agricultural buildings with structures of similar capacity and function and to repair or replace septic and water systems.
- D:** Purchase watering systems, irrigation systems, and other drought mitigation systems and practices when drought is the cause of the purchase.
- E:** Replace poultry birds not covered by indemnity payments, make improvements to poultry buildings, or to cover the loss of revenue if the damage or loss is due to highly pathogenic avian influenza.

List the repairs to be done, items to be replaced, or other expenditures relating to this recovery and the estimated cost of each:

<u>Item:</u>	<u>Cost:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Cost of Recovery:	\$ _____

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

Describe the collateral: _____

PART 7: RFA APPROVAL/DISAPPROVAL OF APPLICATION:

_____ Approved for RFA participation and closing. _____ Not approved.

Participation has been assigned the following number: _____

Comments: _____

(Authorized Signature) (Title) (Date)

Note: If not approved, either the applicant or lender may petition for reconsideration. Call the RFA office for further information.

PART 8: LENDER CERTIFICATION OF LOAN CLOSING:

This loan was closed on: _____
(Date)

(Authorized Signature) (Title) (Date)

(After closing, forward copies of security documents to the RFA)

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.

PART 9: STATEMENT OF EXPERIENCE (By Applicant):

Describe your farming operation and the damages caused by the disaster. (Attach a separate sheet if needed.)

FOR STATISTICAL PURPOSES ONLY – NOT USED FOR CREDIT ANALYSIS – PLEASE COMPLETE

Age/s:	_____	Post H.S.:	T	or	F
Married:	T or F	College Degree:	2 yr.	or	4 yr.
Children	T or F	School:	_____		
H.S. Graduate:	T or F	Major:	_____		

(Signature)

(Spouse)

(Date)

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-201-6000. TTY users can call the Minnesota Relay Service at 711. The MDA is an equal opportunity employer and provider.