



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 LOAN PARTICIPATION

RFA loan participation is requested under the following program (check one):

- | | | |
|--------------------------|------------------------------------|--|
| <input type="checkbox"/> | AG IMPROVEMENT PROGRAM | A 45%/\$400,000 participation program. |
| <input type="checkbox"/> | LIVESTOCK EXPANSION PROGRAM | A 45%/\$525,000 participation program. |

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

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

PART 2: TERMS OF PURCHASE AND FINANCING

Cost of improvement		\$ _____
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 \$ _____)		

PART 3: APPLICANT(S)

Name: _____ Phone: _____

Name: _____ County: _____

Address, City, State, Zip: _____

PART 4: APPLICANT ELIGIBILITY CRITERIA AND CERTIFICATION

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 A-2, 4 and 5.

A: GENERAL ELIGIBILITY CRITERIA – ALL APPLICANTS

- 1. T F I am a resident of the State of Minnesota, a domestic family farm corporation or a family farm partnership.
- 2. T F I am the principal operator of the farm being improved.
- 3. T F I have a financial need and the ability to repay the loan.
- 4. T F I have sufficient training and experience to succeed.
- 5. T F I am actively engaged in farming (off-farm income is acceptable).
- 6. T F I agree to visit the local soil and water conservation office and inquire about any special conservation needs for the farm being financed.
- 7. T F My total net worth, including the assets and liabilities of my spouse and dependents, does not exceed program maximum.
- 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)

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 recorded documents/closing documents to the RFA)

PART 9: LOAN NARRATIVE (By Lender)

This page may be used to describe your evaluation of the borrower and the proposed project, or you may attach a separate sheet.

This page should be separated from the previous parts of the application. The applicant is responsible for securing the required signature and completion of page 7.

PART 10: SUPPORTING STATEMENT

Applicant Name: _____

Type of Farming Operation: _____

A. STATEMENT OF SOIL AND WATER CONSERVATION PLANNING (All Applicants)

This statement certifies that the above named individual has visited this SWCD office and inquired about the soil and water conservation needs for the identified farm property. Information on the following issues have been provided to the applicant:

1. The need for a soil and water conservation plan, and if appropriate, an implementation schedule for that plan.
2. Those provisions of the 1985 U.S. Food Security Act which deal with highly erodible land and wetland conservation.
3. Other state and federal assistance programs for implementing and financing resource protection efforts.

Comments (optional): _____

SWCD/NRCS Office: _____

Date: _____

SWCD/NRCS Signature: _____

Phone: _____

PART 11: STATEMENT OF EXPERIENCE AND TRAINING; PROJECT DESCRIPTION

In your own words, describe your experience, training skills and abilities which have prepared you for the type of farming for which you are engaged. You may use and attach additional pages as necessary. How does this project change your present situation?

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.

AG-01199-03 (7/2015)