



# AGRICULTURE - BEGINNING FARMER LOAN APPLICATION

Name: \_\_\_\_\_

Business Name (as reflected on loan application): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Tax I.D #: \_\_\_\_\_ Number of Borrowers: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address of Project (if different than mailing address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Applicant's Equity\*: % \_\_\_\_\_  
(\*business total assets minus total liabilities divided by total assets)

Farm Acreage: owned \_\_\_\_\_ rented \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Applicant's Net Worth \_\_\_\_\_

Use of Loan Proceeds: \_\_\_\_\_

Type of Operation:  Grain Farming (wheat, corn, etc)  Soybean  Cattle  Poultry  Cotton  Other \_\_\_\_\_

If you are requesting this loan due to drought or other natural disaster, please provide an explanation of the impact on your operation: See Attachments

## DEMOGRAPHIC INFORMATION:

Have you participated in the Missouri Linked Deposit Program Previously?  Yes  No

If yes, what time period: \_\_\_\_\_

Are you a minority-owned firm  and/or a female-owned firm  or neither  (question required by 30.758, RSMo)

Are you a veteran, reservist or member of National Guard  or the spouse of such  or neither

Are you using MO Agriculture and Small Business Development Authority's (MASBDA) Beginning Farmer Program or received a USDA guarantee for this loan?  Yes  No

## APPLICANT CERTIFICATION:

*In submitting this application, I the undersigned eligible borrower, have read the following and hereby certify and agree that I meet the following eligibility criteria:*

(a) I am a permanent Missouri resident and at least 18 years of age.  True  False

(b) The proposed project is located within the State of Missouri.  True  False

(c) I have adequate working capital and experience in the type of farming operation for which the loan is sought.  True  False

(d) The project shall be used only for farming by myself or my family  True  False

(e) Projected farming income (not including spouse's income) will exceed non-farm income  True  False



(f) In the preceding five years, I have not owned, either directly or indirectly, acreage in excess of 50% of the average size of a farm in the county or an amount of farmland which has a value of greater than \$450,000.  True  False

*\* (Partnerships are eligible if all partners meet the eligibility requirements for a loan.)*

(g) Have not been the sole farmer of farmland for more than 10 years prior to date of application.  True  False  
NOTE: A "false" indicated here does not disqualify you for the Beginning Farmer program. However, please attach a summary of your ownership history including year acquired and acreage.

(h) Employ only legal workers\*  True  False

(i) I do not currently owe any unpaid, non-protested taxes to the State or any political subdivision\*  True  False

(j) No owner has pleaded guilty to or been found guilty of, or is currently incarcerated, on probation or on parole, for a felony or a crime of moral turpitude; no owner is currently facing charges for a felony or a crime of moral turpitude; and no owner is currently on probation for any crime.\*  True  False

(k) I have read and verify I am in compliance with all state statutes and policies of the Missouri State Treasurer's office relative to the Missouri Linked Deposit Program.  True  False

*\* NOTE: The Missouri State Treasurer's office may require documentation to verify compliance with these statements.*

*I further certify that the reduced rate loan will be used exclusively for necessary agriculture expenses, that I am aware of the Conflict of Interest Policy adopted by the Missouri State Treasurer's office and that I comply with that policy. Additionally, I attest that I am in compliance with all state and federal laws. In the event that the loan proceeds are not used for allowable expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand the Missouri State Treasurer may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests including preparation of an updated application. I understand that any intentional misrepresentation or misuse of the loan subjects the responsible party to criminal liability.*

*I understand that by participating in the Missouri Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. By signing below and accepting the loan, I acknowledge that information related to this loan application may be released in the promotion of the Missouri Linked Deposit Program within the constraints set forth in Chapter 610, RSMo.*

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Name (type or print)

Title (if business)

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Signature

Date

**BANK CERTIFICATION:**

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the Missouri Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify the Missouri State Treasurer's office and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the Missouri State Treasurer's office in determining whether this applicant is an appropriate participant in the Missouri Linked Deposit Program and agrees to immediately notify the Missouri State Treasurer's office if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this loan.

I further certify that the bank is maintaining the documentation that proves eligibility of applicant(s) and can provide this information if requested by the Missouri State Treasurer's office. (Resources that may be used to verify certification includes copies of driver's license (age), tax return (address), financial statement (equity of applicant), and the county appraisal (acreage owned in county)).

I certify that none of the use of proceeds **covered by the Linked Deposit** involve the refinance of funds or modifications/restructuring of an existing loan agreement. (This includes periodic rate resets for existing loan agreements.) The refinance of funds is defined as "a payoff of a previous debt, whether from the originating financial institution or a different financial entity". The use of proceeds must be for a new project. Per Missouri Revised Statutes, Chapter 30, Section 756.2: "Whoever knowingly makes a false statement concerning such application is guilty of a class A misdemeanor."  True  False

The interest rate that would normally apply to this loan is \_\_\_\_%

I am requesting a multi-year fixed rate?  Yes  No If yes, please submit justification and indicate term.

See Attachments

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For Lender

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Signature	Title	Date
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**ATTACHMENTS**

**If you are requesting this loan due to drought or other natural disaster, please provide an explanation of the impact on your operation:**

**Please attach a brief narrative describing the nature of your business, the reason you're requesting a Linked Deposit and the impact it will have on your business.**

**If requesting multi-year fixed rate, attach justification and indicate term.**