

FSA-2301
(12-31-07)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

REQUEST FOR YOUTH LOAN

PART A – APPLICANT INFORMATION

1. EXACT FULL LEGAL NAME		4. ADDRESS	
3. COUNTY OF PROJECT			
4. SOCIAL SECURITY NUMBER	5. BIRTH DATE	6. TELEPHONE NUMBER	
7. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED (INCLUDING SINGLE, DIVORCED, AND WIDOWED)		8. AMOUNT OF LOAN REQUEST \$	
			YES NO
9. Are you a citizen of the United States? If "NO", appropriate documentation must be submitted for a United States non-citizen national, or a qualified alien under applicable Federal immigration laws.			
10. Have you ever obtained a direct or guaranteed farm loan from the Farm Service Agency (FSA)?			
11. Are you delinquent on any Federal debt or do you have any outstanding Federal judgments? If "YES", provide details in Item 17.			
12. Have you ever had any FSA direct or guaranteed farm loan debt forgiven through a write-off, debt settlement, compromise, write-down, charge-off, adjustment, reduction, or bankruptcy? If "YES", provide details in Item 17.			
13. Are you currently employed? If "YES", provide employer's name, address, phone number, amount of annual income, and if employment is full or part-time in Item 17.			
14. Are you an FSA employee or are you related to or closely associated with any FSA employee? If "YES", explain in Item 17.			
15. Are you an active member of FFA, 4-H or other agriculture related organizations? If "YES", provide name of organization in Item 17.			
16. Are you a Veteran?			
17. ADDITIONAL ANSWERS. Write the item number to which each answer applies. If you need more space, use additional sheets of paper the same size as this page. On each sheet, write your name.			
18. BRIEF DESCRIPTION OF PROJECT. (Beginning date of project, name of organization and project plans.)			

VOLUNTARY INFORMATION

VOLUNTARY INFORMATION FOR MONITORING PURPOSES: Race, ethnicity and gender information is requested by the Federal Government in order to monitor FSA's compliance with Federal laws prohibiting discrimination against loan applicants. You are not required to furnish this information, but are encouraged to do so. Failure to complete this information may result in you not receiving access to targeted funds for which you may have been eligible. This information will not be used in evaluating your application or to discriminate against you in any way. If you do not furnish it, FSA is required to note your race, ethnicity and gender on the basis of observer identification. (*This data is requested for statistical purposes only. One or more boxes may be selected.)

19A. *ETHNICITY	19B. *RACE (Choose as many boxes as applicable)	19C. GENDER	19D. FOR FSA USE ONLY
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Provided <input type="checkbox"/> Observed