



STATE OF MISSOURI
 DEPARTMENT OF AGRICULTURE
 MASBDA
 ALTERNATIVE LOAN PROGRAM
LOAN APPLICATION

BORROWER'S NAME			SOCIAL SECURITY NUMBER		
ADDRESS			CITY		
STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER		
BIRTH DATE	E-MAIL ADDRESS		NUMBER OF DEPENDENTS AND AGES		
EMPLOYER			SALARY PER MONTH		
ADDRESS OF EMPLOYER			TELEPHONE NUMBER		
CONTACT PERSON			TELEPHONE NUMBER		
CO-BORROWERS NAME			SOCIAL SECURITY NUMBER		
CO-BORROWERS EMPLOYER			SALARY PER MONTH		
ADDRESS OF EMPLOYER			TELEPHONE NUMBER		
LOAN AMOUNT REQUESTED		TOTAL PROJECT COST	GRANT OR COST SHARE		
PROJECT DESCRIPTION					
EXACT LOCATION OF LOAN PROJECT (I.E., JEFFERSON TOWNSHIP, RANGE 6, SECTION 52, 911 ADDRESS, ETC.)					
BANK INFORMATION					
BANK NAME			BANK ADDRESS		
CITY			STATE	ZIP CODE	
CHECKING ACCOUNT NUMBER			SAVINGS ACCOUNT NUMBER		
OTHER ACCOUNTS			CONTACT NAME		

PERSONAL REFERENCE (NOT RELATED OR FINANCIALLY INTERESTED)

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

BUSINESS CREDIT REFERENCES

1) NAME		CONTACT PERSON	
ADDRESS		TELEPHONE NUMBER	
2) NAME		CONTACT PERSON	
ADDRESS		TELEPHONE NUMBER	

ADDITIONAL INFORMATION

PLEASE EXPLAIN ANY YES ANSWERS

Are there any judgments of record against you? YES NO _____

Have you been a debtor in bankruptcy in the last 10 years? YES NO _____

Are you a party to a lawsuit? YES NO _____

Are any of your taxes delinquent or under dispute? YES NO _____

Are you obligated to pay alimony or child support? YES NO _____

Have you ever declared bankruptcy? YES NO _____

Has your spouse ever declared bankruptcy? YES NO _____

Are you related to a Missouri Department of Agriculture employee? YES NO _____

Everything that I have stated in this application is correct to the best of my knowledge. I understand that the application and personal financial statement will be retained by the Missouri Department of Agriculture whether or not the Alternative Loan is approved. By signing this document, I hereby consent and authorize the Missouri Department of Agriculture to check all credit references and pull credit bureau reports at its discretion.

SIGNATURE OF BORROWER	DATE	CO-BORROWERS SIGNATURE	DATE
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CASH FLOW STATEMENT

CURRENT MONTHLY \$	POST-LOAN (NEW) MONTHLY \$	<u>PROJECTED SALES/INCOME POST-LOAN CLOSING</u>
Mortgage	Mortgage	
Rent	Rent	Sale of Produce \$
Farm Machinery	Farm Machinery	
		Sale of Livestock \$
Automobile	Automobile	
		Sale of Animal \$
Utilities	Utilities	
		Sale of Product \$
Livestock	Livestock	
Feed	Feed	Sale of Product \$
Seed	Seed	
Fertilizer	Fertilizer	Custom Manual Work \$
Credit Cards	Credit Cards	
		Custom Machine Work \$
		Non-Farm Income \$
Labor	Labor	
Taxes	Taxes	
Insurance	Insurance	
Alimony/Child Support	Alimony/Child Support	Additional Income from Business
Other (Equipment, etc.)	Other (Equipment, etc.)	\$
		\$
		\$
		\$
TOTAL	TOTAL	TOTAL



STATE OF MISSOURI
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 MASBDA
 ALTERNATIVE LOAN PROGRAM
PROPOSED PROJECT

Please describe your proposed project. Description should include details on production as well as marketing plan.

Please attach additional sheets if needed.

List below the items you will purchase with the Alternative Loan funds and the purchase price of each item.

I verify that the information provided by me is true and correct to the best of my ability and knowledge. If the application is approved, I will implement the stated alternative plan, maintain an accurate record on the project and carry it to completion. I agree to provide the Missouri Department of Agriculture with all pertinent information to document the development and implementation of the alternative project. I am of the understanding the results will be used for educational and informational resources by the Missouri Department of Agriculture.

SIGNATURE OF BORROWER	DATE	CO-BORROWERS SIGNATURE	DATE
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Mail completed application, supporting documentation and copy of most current federal tax returns to: Missouri Department of Agriculture, MASBDA, Alternative Loan Program, P.O. Box 630, Jefferson City, Missouri 65102.

Any further questions call 573/751-2129

***REFER TO CHECKLIST FOR ADDITIONAL SUPPORTING DOCUMENTATION.**

ADDITIONAL DOCUMENTATION

Checklist: Please use this checklist to ensure a complete application.

All Applicants:

- MO Driver's License (or other document listed below)
- Signed Certification or Citizenship/Employer Status (Both sections completed and signed)
- Completed program application
- Most current federal tax return
- Personal financial statement (no more than 6 months old)
- Farm financial statement, if application is in the farm name - (no more than 6 months old)

Applicants with Employees:

- Affidavit of Authorized Workers
- Executed MOU from E-Verify

CERTIFICATION OF CITIZENSHIP/IMMIGRATION STATUS

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

I am a United States Citizen or have been granted lawful permanent residence* of the United States. I understand that I am required by state law to provide proof of my citizenship, residency, and identity in order to apply for any state programs.

SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE

*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship, identity, and residency at the time of applying for any state administered benefits. **You must provide a copy of your valid Missouri driver's license with this application.** If you do not have or cannot provide this, please see "Additional Documentation" for allowed alternatives.

EMPLOYER STATUS

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

(Please select the statement that applies)

Do you have employees or subcontractors in connection with this application in the state of Missouri?

- No**
- Yes** (If yes, you must complete the attached Affidavit of Authorized workers, along with enrolling in the federal worker authorization program and enclose evidence of such enrollment)

SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE

You must provide a copy of your valid Missouri driver's license with this application. If you do not have a Missouri driver's license, or are an out of state applicant, you must provide a copy of one of these alternative documents:

- U.S. Birth Certificate
- Valid U.S. Passport
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad
- Any other document issued by the federal government affirming legal residence.

Proof of Name Change:

If the name on the document you present for proof of lawful presence does not match your current name, present one of the documents below showing your current name.

- U.S. Passport (valid or expired)
- Social Security Card/Medicare Card
- Certified Marriage License
- Certified Divorce Decree
- Certified Court Order
- Certified Adoption Papers or Amended Birth Certificate

ADDITIONAL DOCUMENTATION

AFFIDAVIT OF AUTHORIZED WORKERS

BEFORE ME, the undersigned Notary, _____, on this _____ day of _____, 20____, personally appeared _____, known to me to be a credible person and of lawful age, who being by me first duly sworn, on his/her oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant (please list name of applicant _____) and as such am authorized to make the statement of affirmation contained herein.

I (We) hereby certify, subject to penalties of law, that I (we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired by me, my business, and/or any other business entity for which I have hiring or management authority from the date of enrollment in the federal work authorization program.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understanding (MOU) you will receive when enrolling in e-verify.** To enroll visit www.dhs.gov/e-verify.

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

PRINT NAME		SIGNATURE		TITLE
PRINT NAME		SIGNATURE		TITLE
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS			USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR		
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)				

PERSONAL FINANCE STATEMENT OF

ENTER YOUR NAME HERE

DETAILS

1. ASSETS - DETAILS

Notes and Contracts held

FROM WHOM OWING	BALANCE OWING	ORIGINAL AMOUNT	ORIGINAL DATE	MONTHLY PAYMENT	MATURITY DATE	HISTORY/PURPOSE
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		
	\$	\$		\$		

Securities: stocks/bonds/mutual funds

NAME OF SECURITY	NUMBER OF SHARES	COST	MARKET VALUE	DATE OF ACQUISITION
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Stock in Privately Held Companies

COMPANY NAME	NUMBER OF SHARES	\$ INVESTED	EST. MARKET VALUE
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Real Estate

DESCRIPTION/LOCATION	MARKET VALUE	AMOUNT OWING	ORIGINAL COST	PURCHASE DATE
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

2. LIABILITIES - DETAILS

Credit Card & Charge Card Debt

NAME OF CARD/CREDIT	AMOUNT DUE
	\$
	\$
	\$
	\$

Notes Payable (excluding monthly bills)

NAME OF CREDITOR	AMOUNT OWING	ORIGINAL AMOUNT	MONTHLY PAYMENT	INTEREST RATE	SECURED BY (LIEN)
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Mortgage/Real Estate Loans Payable

NAME OF CREDITOR	AMOUNT OWING	ORIGINAL AMOUNT	MONTHLY PAYMENT	INTEREST RATE	SECURED BY (LIEN)
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

PERSONAL FINANCE STATEMENT OF

ENTER YOUR NAME HERE	AS OF (MM/DD/YYYY)
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ASSETS	AMOUNT IN DOLLARS
Cash - checking accounts	\$
Cash - savings accounts	\$
Certificates of deposit	\$
Securities - stocks/bonds/mutual funds	\$
Notes & contracts receivable	\$
Life insurance (cash surrender value)	\$
Personal property (autos, jewelry, etc.)	\$
Retirement Funds (eg. IRAs, 401k)	\$
Real estate (market value)	\$
Other assets (specify)	\$
Other assets (specify)	\$
TOTAL ASSETS	\$

LIABILITIES	AMOUNT IN DOLLARS
Current Debt (Credit cards, Accounts)	\$
Notes payable (describe below)	\$
Taxes payable	\$
Real estate mortgages (describe)	\$
Other liabilities (specify)	\$
Other liabilities (specify)	\$
TOTAL LIABILITIES	\$

NET WORTH	\$
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SIGNATURE	DATE
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