**Template of the**

**IRA Section 22007 Application**

**If you are not yet working with a free technical assistance provider, please complete this form to request technical assistance:**

**http://www.tinyurl.com/22007-intake-form**

| This document is a template created by Rural Coalition, based on the official application to the IRA 22007 program provided by USDA.  The purpose of this template is to provide a place for you to develop & workshop a strong re-telling of your experience as a farmer (or attempted farmer) who was discriminated against by USDA in pursuit or servicing of a USDA Farm Loan.  As you answer the questions below, **Rural Coalition encourages you to provide as much detail as you can** to describe your experience. Remember: the individuals reviewing your application will have only your written words to assess. By providing as much detail as possible, you will strengthen your claim. That said, If you are unsure of specific details, such as dates/years, feel free to include a broader description, to avoid providing incorrect information. (For example, “in late 1998 or early 1999” is stronger than “in 1999”, unless you’re absolutely sure the instance you’re describing took place in 1999).  Additionally, please take note of the character limits associated with the answers to certain questions. However, please note: If you need to use more words than what fits in the space, there will be an opportunity for you to attach more information in Step 8. **It is more important for you to tell your whole story than it is to make your answers succinct.** This template will help you store your full responses when the time comes to attach more information to Step 8.  **To edit this document with your responses, please either:**   1. **Download this file as a Microsoft Word document by selecting “File” in the top left corner of the screen, hovering over “Download,” then selecting “Microsoft Word (.docx)”.**   **OR**   1. **Make an editable copy of this document in Google Docs by selecting “File,” then “Make a Copy.”** |
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**Please note: This template is not the official USDA IRA 22007 Application. Sending USDA this document is not a valid form of application. You must copy-and-paste your answers onto the PDF or online version of the application. Please find the full PDF application** [**here**](https://drive.google.com/drive/folders/1rD2H0gXM3QtivQKfgoj8SeeY7m3O8TK1)**.**

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**STEP 1: About You**

Supporting Documentation Requests

Throughout this Application, you will be asked to include documentation to support your Application.

• The instructions use the word must where documentation is strictly required; this means you must supply the requested supporting documents.

• The instructions use the word may where documentation would be helpful to assessing your Application. This means that your Application would be stronger if you provide documentation.

• If you submit a statement by another person, in support of your Application, that statement must be under penalty of perjury; you should use the form available at 22007apply.gov or a document substantially like it. USDA Discrimination Financial Assistance Program (DFAP

A. IDENTIFYING INFORMATION:

Information provided here is for program administrators to understand who you are and how to get in contact with you if there are questions If you are/were a member of a business entity that participated in a USDA farm loan program, you must also fill in STEP 2, Part C. If you have a legal guardian, this part’s identifying information refers to you (even if it is completed by the legal guardian); the legal

* Your Last Name:
* Suffix:
* First Name:
* Middle Name:
* Mailing Address:
* Apartment/Suite Number:
* City:
* State/Province:
* Zip/Postal Code:
* Country (if not U.S.):
* Best Telephone Number during Weekdays:
* Alternate Telephone Number(s):
* Email Address: Date of Birth: mm/ dd /yyyy
* Please provide your Social Security Number if you have one:

OR

* Please provide your Individual Taxpayer Identification Number if you have one: - - - -
* List any other name that you have used or done business with USDA under (e.g., maiden name):
  + Last Name (including suffix):
  + First Name:
  + Middle Name:
  + Last Name (including suffix):
  + First Name:
  + Middle Name:
  + Last Name (including suffix):
  + First Name:
  + Middle Name:

B. INFORMATION ABOUT ALTERNATIVE CONTACTS

This part asks for two kinds of alternative contacts. The first is a person we can contact to attempt to locate you if we are having difficulty in reaching you. The second is someone with whom we can discuss your Application.

1. Would you like to designate someone whom we can contact to locate you, if we are having difficulty reaching you? This could be a spouse or (adult) relative, a lawyer, or someone else:

* No. If no, proceed to the next question.
* Yes. If yes, provide the alternative contact’s information:
  + Last Name of the person who can help us locate you:
  + First Name:
  + Middle Name:
  + Mailing Address:
  + Apartment/Suite Number:
  + City: State/Province:
  + Zip/Postal Code:
  + Country (if not U.S.):
  + Email Address:
  + Telephone Number:

Relation of contact to you (select one):

* Relative (please specify relationship):
* Lawyer
* Other legal representative (please specify):
* Other (please specify):

2. Would you like to designate someone with whom we can discuss your Application? This could be a spouse or (adult) relative, a lawyer, or someone else:

* No. If no, proceed to the next question.
* Yes. If yes, you are authorizing the program administrators, the program administrators’ designees, the U.S. Department of Agriculture, or agency contractors assisting in the administration of the Program to contact the listed individual if the program administrators need additional information or clarification about your Application. Please provide the alternative contact’s information:
  + Last Name of the person who can discuss your Application with us:
  + First Name:
  + Middle Name:
  + Mailing Address:
  + Apartment/Suite Number:
  + City: State/Province:
  + Zip/Postal Code:
  + Country (if not U.S.):
  + Email Address:
  + Telephone Number:
  + Relation of contact to you (select one):
  + Relative (please specify relationship):
  + Lawyer
  + Other legal representative (please specify):
  + Other (please specify):

C. INFORMATION ABOUT ANYONE HELPING YOU IN PREPARING THIS FORM:

Has someone helped you fill out this Application?

* No. If no, skip to STEP 2.
* Yes. If yes, provide their information: **NOTE: PREPARERS, INCLUDING GUARDIANS MUST SIGN THE APPLICABLE CERTIFICATIONS IN STEP 10**.
  + Last Name:
  + First Name:
  + Firm Name, if applicable:
  + Mailing Address:
  + Apartment/Suite Number:
  + City:
  + State/Province:
  + Zip/Postal Code: Country (if not U.S.):
  + Email Address:
  + Telephone Number:
  + Type of helper (select one):
  + Lawyer
  + Other legal representative (please specify):
  + Technical assistance provider
  + Legal guardian (You must provide documentation of your appointment as a legal guardian)
  + Other (please specify):

**STEP 2: Type of Applicant**

A. WHAT TYPE OF APPLICANT ARE YOU?

1. Please select the choice that best describes you (Choose only one):

* Self, and I was the only USDA farm loan borrower or would-be borrower. (You don’t need to fill out the rest of STEP 2. Skip to STEP 3.)
* Self, and I had a co-borrower (e.g., a spouse or some other person). (Fill out Part B)
* Self, and I participated in USDA farm lending as a member of an entity. (Fill out Part C)
* I am the debtor for assigned/assumed debt that is the subject of this Application, and I do not have any co-borrowers. (Fill out Part D)
* I am the debtor for assigned/assumed debt that is the subject of this Application, and I have co-borrower(s). (Fill out Parts B and D)

B. INFORMATION ABOUT THE CO-BORROWER(S):

Provide information about all co-borrowers on your USDA farm lending loan. Please do not provide your information in this part, rather, only provide information for any co-borrower(s), as applicable.

1. How many total co-borrower(s) (not including yourself) are there?:

Please fill out the information on the following page for each co-borrower. If there is more than one coborrower, please attach additional pages with the additional co-borrower’s information in the same format.

* Check here to indicate you have attached this information if you have more than 1 co-borrower.

Co-borrower(s) (if there is more than one co-borrower, make a copy of this page as many times as needed):

* Last Name:
* Suffix:
* First Name:
* Middle Name:
* Mailing Address:
* Apartment/Suite Number:
* City: State/Province:
* Zip/Postal Code:
* Country (if not U.S.):
* Best Telephone Number during Weekdays:
* Alternate Telephone Number(s):
* Email Address: Date of Birth: / / mm dd yyyy
* Please provide the co-borrower’s Social Security Number if they have one:
  + OR
* Please provide the co-borrower’s Individual Taxpayer Identification Number if they have one: - - - -
* List any other name that the co-borrower may have used or done business with USDA under (e.g., maiden name):
  + Last Name (including suffix):
  + First Name:
  + Middle Name:
  + Last Name (including suffix):
  + First Name:
  + Middle Name:
  + Last Name (including suffix):
  + First Name:
  + Middle Name:

C. INFORMATION ABOUT THE ENTITY/ENTITIES:

**Skip this part if you were not part of an entity that participated in USDA farm loan programs.**

If your participation in a USDA farm loan program was as a “member” of an entity (for example, a corporation or a formal partnership), you must provide information about that entity, and your and other members’ interest in it.

Provide information about all entities that you were a member of that participated in USDA farm loan programs.

1. How many total entities are there?

Please fill out the information for each entity. If there is more than one entity, please attach additional

* Check here to indicate you have attached this information if you were a member of more than 1 entity that participated in USDA farm loan programs.

1. Identifying Information for the entity that participated in USDA farm loan programs

* Entity Name:
* Mailing Address:
* Apt./Suite Number:
* City:
* State/Province:
* Zip/Postal Code:
* Country (if not U.S.):
* Entity Taxpayer Identification Number:
* State of Registration:
* Registration Number:
* List all alternative business names, and the years in which they were used:
* Name:
  + Years:
* Name:
  + Years:
* Name:
  + Years:
* Name:
  + Years:

PART C (continued): ENTITIES - If there is more than one entity, make a copy of this page as many times as needed and indicate the entity name from page 7 here:

Entity Name:

3. What was your percentage of interest in the entity when the discrimination occurred?

4. Are there other entity members?

* No. If no, skip to STEP 3.
* Yes. If yes, provide the information below for each entity member:

Other entity members:

* Last Name:
* First Name:
* Social Security Number or Individual Taxpayer Identification Number, if known:
* Percentage of interest during the period of discrimination: %
* Last Name:
* First Name:
* Social Security Number or Individual Taxpayer Identification Number, if known:
* Percentage of interest during the period of discrimination: %
* Last Name:
* First Name:
* Social Security Number or Individual Taxpayer Identification Number, if known:
* Percentage of interest during the period of discrimination: %
* Last Name:
* First Name:
* Social Security Number or Individual Taxpayer Identification Number, if known:
* Percentage of interest during the period of discrimination: %

D. ASSIGNED/ASSUMED DEBT:

If this Application for financial assistance involves assigned or assumed debt, provide information about the Original Borrower.

**Information about the Original Borrower:**

* Last Name (including suffix) or Name of Entity:
* First Name:
* Middle Name:
* Mailing Address:
* Apt./Suite Number:
* City:
* State/Province:
* Zip/Postal Code:
* Country (if not U.S.):
* Date of Birth: mm/dd/yyyy
* Social Security Number or Individual Taxpayer Identification Number, if applicable and known:
  + OR
* Entity Taxpayer Identification Number, if applicable:

* List any other name that the original borrower used or did business with USDA under (e.g., maiden name):
  + Last Name (including suffix) or Name of Entity:
  + First Name:
  + Last Name (including suffix) or Name of Entity:
  + First Name:
  + Last Name (including suffix) or Name of Entity:
  + First Name:

**STEP 3: Eligibility for this Program as a Farmer and/or Rancher (pgs. 10-15)**

* Fill out Part A, below, if you have ever been a farmer or rancher.
* Fill out Part B, below, if you *intended* to become a farmer or rancher, but were unable to do so because you were discriminatorily denied access to a USDA farm loan program.

A. FOR APPLICANTS WHO ARE OR WERE FARMERS OR RANCHERS:

1. Did you own or lease your farmland during the period of discrimination?

* Own
* Lease
* Both Owned and Leased

1. Where is the farmland that you owned or leased during the period of discrimination?
   1. Street Address (or crossroads, or other verifiable description, if there is no street address):
   2. City:
   3. State
   4. Zip Code:
   5. County:
2. What are the FSA Farm Number(s) or FSA Farm Tract Number(s) for farmland that you owned or leased? (Note: the FSA Farm Number or Farm Tract Number will assist in processing your Application)
   1. If you had FSA Farm Number(s), list them here:
   2. If you had FSA Farm Tract Number(s), list them here:
3. What years did you farm or ranch? (Limit: 100 characters)
4. What is/was the name of your farm or ranch that you owned or leased during the period of discrimination? (Limit: 100 characters)
5. **In a few sentences, please describe your farm or ranch during the period of discrimination:** (Limit: 1000 characters)
6. **What were your main crops or livestock during the period of discrimination?** (Limit: 500 characters)
7. **What was your one main crop or livestock type (in terms of revenue) during the period of discrimination?** (Limit: 200 characters)

**ONLY for individuals who are not providing an FSA Farm Number (Question 3), an FSA Farm Tract Number (Question 3).]**

We ask the questions that follow in order to help you establish that you were, in fact, a farmer or rancher. Your answers to these questions are not part of our evaluation whether discrimination occurred.

1. **If you are unable to provide an FSA Farm Number, an FSA Farm Tract Number, or an FSA Loan Number, please explain why not.** (Limit: 2000 characters)
2. Have you ever participated in or received benefits from a USDA farm program?

* No. If no, proceed to the next question.
* Yes. If yes, select all boxes that apply:
  + I receive or received FSA Program payments or NRCS program payments. From what program(s): (Limit: 200 characters)
  + I have an existing farm producer account in www.farmers.gov (FSAFarm+)
  + Other, please specify: (Limit: 200 characters)

1. **If you are unable to provide an FSA Farm Number, an FSA Farm Tract Number, or an FSA Loan Number, please provide any other evidence or description to support that you were a farmer or rancher.** (Limit: 5000 characters)

B. FOR APPLICANTS WHO NEVER FARMED, BUT WHO *WOULD HAVE* OPERATED A FARM OR RANCH IF THEY HAD RECEIVED A LOAN THROUGH A USDA FARM LOAN PROGRAM:

Fill out this part only if you have never farmed, **but**:

* you intended to farm, and
* you attempted to obtain a USDA farm loan, for which you were qualified, and
* you were not able to obtain a USDA farm loan because of discrimination by USDA in its farm loan programs.

The questions in this part are where you can establish that you did attempt to farm. For each question, you should provide additional documentation if it is available. (Your efforts to obtain a USDA loan are covered in STEP 4; the discrimination is covered in STEP 5.

1. Did you plan to buy or lease the land you intended to farm?

* Buy
* Lease

1. **Please describe in detail the farmland you intended to buy or lease, providing as much of the information below as you can.** 
   1. If the farmland had FSA Farm Tract Number(s), provide them here:
   2. Land location (required):
      1. Street address (or crossroads, or other verifiable description, if there is no street address):
      2. City:
      3. State:
      4. Zip Code:
      5. County:
   3. Number of acres you intended to buy or lease:
   4. **Things you did to prepare to farm, including education or other activities:** (Limit: 1000 characters)
   5. I**nvestments you made to prepare to farm:** (Limit: 1000 characters)
   6. **Types of crops (including trees) you intended to plant and harvest:** (Limit: 500 characters)
   7. **Types of livestock you intended to raise:** (Limit: 500 characters)
   8. **Describe specifically any farming equipment you bought, leased, or otherwise obtained:** (Limit: 1000 characters)
   9. **What were your marketing plans for the crops you intended to produce and the livestock you intended to raise?** (That is, how did you plan to sell the crops/livestock, and to whom?) (Limit: 1000 characters)
   10. **Provide any other details that demonstrate that you intended to farm or ranch:** (Limit: 2000 characters)

**STEP 4: Eligibility for this Program as a Borrower or Attempted Borrower in a USDA Farm Loan Program (pgs. 16-20)**

1. If you directly experienced discrimination, in what type of USDA farm loan program did you participate or attempt to participate during the period of discrimination? **(Select all that apply)**

* Check here if you participated in direct lending (Fill out Part A, below)
* Check here if you participated in guaranteed lending (Fill out Part B, below)
* Check here if you attempted to participate in direct lending (Fill out Part C, below)
* Check here if you attempted to participate in guaranteed lending (Fill out Part D, below)

1. If you have assumed or assigned debt, what type of USDA farm loan program covered that debt during the period of discrimination? **(Select all that apply)**

* Check here if your assumed or assigned debt comes from direct lending (Fill out Part A, below)
* Check here if your assumed or assigned debt comes from guaranteed lending (Fill out Part B, below)

**NOTE for guaranteed lender participants:** Only discrimination **by USDA** is covered by this program.

A. IF YOU OR THE ORIGINAL BORROWER **PARTICIPATED** IN **DIRECT** LENDING, ANSWER THE FOLLOWING QUESTIONS:

Please provide the following information regarding your loan(s), if available:

1. FSA Farm Loan Number(s), if you have one:
2. Type of loan (Select all that apply):

* Farm Ownership Loan (FO)
* Farm Operating Loan (OL)
* Conservation Loan (CL)
* Microloan (ML)
* Emergency Loan (EM)
* Youth Loan (YL)
* Farm Storage Facility Loan (FSFL)
* Economic Emergency (EE)
* Soil and Water (SW)
* Grazing
* Softwood Timber (ST)

1. **Total original amount of all USDA direct farm loans, during the period of discrimination:**
2. Approximate amount of debt currently owed (principal and interest) on your USDA direct farm loan(s):
3. **Approximate total of all payments made to date on your USDA direct farm loan(s):**

B. IF YOU OR THE ORIGINAL BORROWER **PARTICIPATED** IN **GUARANTEED** LENDING, ANSWER THE FOLLOWING QUESTIONS:

Please provide the following information regarding your loan(s), if available:

1. Guaranteed Loan Bank Name: (Limit: 100 characters)
2. Bank Loan Number(s): (Limit: 20 characters)
3. FSA Farm Loan Number(s), if you have one:
4. Type of loan (Select all that apply):

* Farm Ownership Loan (FO)
* Farm Operating Loan (OL)
* Conservation Loan (CL)
* Economic Emergency (EE)
* Emergency Livestock (EL)

1. Total original amount of all USDA guaranteed farm loans, during the period of discrimination:
2. Approximate amount of debt currently owed (principal and interest) on your USDA guaranteed farm loan(s):
3. Approximate total of all payments made to date on your USDA guaranteed farm loan(s):

C. IF YOU **TRIED** TO PARTICIPATE IN **DIRECT** LENDING, BUT YOU COULD NOT BECAUSE OF DISCRIMINATION:

1. Please select your citizenship status at the time you tried to participate in direct lending:

* U.S. citizen
* U.S. non-citizen national (a person born in American Samoa or Swains Island on or after the date the U.S. acquired American Samoa or Swains Island, or a person whose parents are U.S. noncitizen nationals)
* Qualified alien as identified in Section 401 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (8 U.S.C. 1611). This includes lawful permanent residents and others identified at p. 280 of <https://www.fsa.usda.gov/Internet/FSA_File/3-flp_r02_a39.pdf>

1. Type of loan (Select all that apply):

* Farm Ownership Loan (FO)
* Farm Operating Loan (OL)
* Conservation Loan (CL)
* Microloan (ML)
* Emergency Loan (EM)
* Youth Loan (YL)
* Farm Storage Facility Loan (FSFL)
* Economic Emergency (EE)
* Soil and Water (SW)
* Grazing
* Softwood Timber (ST)

1. **Describe the steps you took to try to get a loan**: (Limit: 5000 characters)
2. **What was the amount of the loan you sought**?
3. When did you try to get a USDA farm loan? (Limit: 50 characters)
4. Who did you speak to at USDA (including FSA) about this loan? (If you have this information):
   1. Name(s)/title/position: (Limit: 200 characters)
   2. Office type and location: (Limit: 200 characters)
5. Was a decision made on your loan application?

* No
* Yes. If yes, complete 7a and 7b below:
  + 1. What decision was made? (Limit: 1000 characters)
    2. To the best of your knowledge, when was the decision made? (Limit: 50 characters)

D. IF YOU **TRIED** TO PARTICIPATE IN **GUARANTEED** LENDING, BUT YOU COULD NOT BECAUSE OF DISCRIMINATION:

1. Please select your citizenship status at the time you tried to participate in direct lending:

* U.S. citizen
* U.S. non-citizen national (a person born in American Samoa or Swains Island on or after the date the U.S. acquired American Samoa or Swains Island, or a person whose parents are U.S. noncitizen nationals)
* Qualified alien as identified in Section 401 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (8 U.S.C. 1611). This includes lawful permanent residents and others identified at p. 280 of <https://www.fsa.usda.gov/Internet/FSA_File/3-flp_r02_a39.pdf>

1. What type of financing did you seek through a USDA farm loan program? (Select all that apply)

* Farm Ownership Loan (FO)
* Farm Operating Loan (OL)
* Conservation Loan (CL)
* Economic Emergency (EE)
* Emergency Livestock (EL)

1. **Describe the steps you took to try to get a loan:**
2. **What was the amount of the loan you sought?**
3. When did you seek this loan from a bank? (Limit: 50 characters)
4. From what bank? (Limit: 200 characters)
5. Who did you speak to at USDA (including FSA) about this loan? (If you have this information):
   1. Name(s)/title/position: (Limit: 200 characters)
   2. Office type and location:(Limit: 200 characters)
6. Was a decision made on your loan application?

* No
* Yes. If yes, complete 8a through 8c below:
  + 1. What decision was made? (Limit: 1000 characters)
    2. To the best of your knowledge, when was the decision made by the bank? (Limit: 50 characters)
    3. **If you do not have documentation of a bank decision, how did you know the outcome of the bank’s decision on your loan application? (**Limit: 1000 characters)

1. Was a decision made on your participation in USDA guaranteed lending by USDA/FSA?

* No
* Yes. If yes, complete 9a and 9b below:
  + 1. What decision was made by USDA/FSA? (Limit: 1000 characters)
    2. To the best of your knowledge, when was the decision made? (Limit: 50 characters)

**STEP 5: Discrimination in USDA Farm Loan Programs (pgs. 21-27)**

This part of the Application asks you to describe the actions you believe USDA took against you in administration of a USDA farm loan program, because of your:

* race
* color
* national origin or ethnicity
* sex
* sexual orientation
* gender identity
* religion
* age
* marital status
* disability
* reprisal/retaliation for prior civil rights activity

Covered discrimination could include, for example: failure to provide appropriate assistance; delay in processing loan or loan servicing application; denial of a loan or loan servicing; prevention from applying for a loan or loan servicing; adverse loan terms; unduly onerous supervision of loan requirements where these were due to discrimination.

A. BASIS OF DISCRIMINATION:

1. Please indicate the basis of the discrimination by USDA. Select all that apply and note information as of the time of the instance(s). NOTE: For each category, if the discrimination was on the basis of perceived (rather than actual) status or identity, please explain in question 2 below.
   1. Race

* No
* Yes. If yes, please specify your race: (Select all that apply)
  + American Indian or Alaska Native
  + Asian
  + Black / African American
  + Native Hawaiian / Other Pacific Islander
  + White
  + Other (please specify): (Limit: 100 characters)
  1. Color
* No
* Yes. If yes, please specify your color: (Limit: 100 characters)
  1. National Origin (including ethnicity)
* No
* Yes. If yes, please specify your national origin and/or ethnicity:
  + Hispanic or Latino
  + Other (please specify): (Limit: 100 characters)
  1. Sex:
* No
* Yes. If yes, please specify your sex:
  + Male
  + Female
  + Non-binary
  1. Sexual Orientation (e.g., the status of being gay or lesbian):
* No
* Yes. If yes, please specify your sexual orientation: (Limit: 100 characters)
  1. Gender Identity (e.g., the status of being transgender):
* No
* Yes. If yes, please specify your gender identity: (Limit: 100 characters)
  1. Religion
* No
* Yes. If yes, please specify your religion: (Limit: 100 characters)
  1. Age
* No
* Yes. If yes, please specify your age: Limit: 100 characters)
  1. Marital Status
* No
* Yes. If yes, please specify your marital status: Limit: 100 characters)
  1. Disability
* No
* Yes. If yes, please specify your disability: Limit: 100 characters)
  1. Reprisal or retaliation for prior civil rights activity:
* No
* Yes. If yes, please describe the prior civil rights activity for which you are asserting reprisal or retaliation: Limit: 100 characters)

1. I**f any of the discrimination listed in question 1 was on the basis of perceived (rather than actual) status or identity, please explain here:** Limit: 2000 characters)

B. DETAILS REGARDING ANY AND ALL INSTANCES OF DISCRIMINATION THAT OCCURRED:

Please tell us, specifically, how you believe USDA discriminated against you in farm loan programs.

Note: ***Please fill in the questions on pages 23 through 27 for each instance of discrimination; copy those pages as many times as you need to cover every instance of discrimination by USDA.***

1. **Number of instances of discrimination by USDA prior to January 1, 2021:**

INSTANCE OF DISCRIMINATION DETAILS

1. **Describe this instance of discrimination by USDA (**5000 characters):
2. **​​Describe why you think you were eligible for the loan or loan action you requested. (For example, describe your education, farm experience, farm loan history, credit, collateral, how you met the financial requirements or program requirements for obtaining the requested loan or loan action; etc.) (5000 characters):**
3. Describe the basis of this discrimination:

* race
* color
* national origin or ethnicity
* sex
* sexual orientation
* gender identity
* religion
* age
* marital status
* disability
* reprisal/retaliation for prior civil rights activity

1. **What happened that makes you believe USDA’s actions were discriminatory? (For example, something that was said, or how others were treated in similar circumstances, or any other facts that suggest that discrimination occurred.)** (2000 characters)
2. When and where did you experience discrimination?
   1. Date: Limit: 50 characters)
   2. Location: Limit: 200 characters)
3. What type of location was this? (e.g., county office, farm) Limit: 100 characters)
4. **What were the reasons given (if any) for the discriminatory action you are describing?** (5000 characters)
5. **Who committed this act of discrimination against you? Please include as much information as you can about the individual(s) involved, including whatever you know about their name, title, position, etc.** (5000 characters):
6. **Did anyone else observe the discrimination or otherwise become aware of the discriminatory action against you? Please tell us who, and how they learned about this discrimination.** (2000 characters)
7. **Is there any other information that you feel supports your claim that this instance of discrimination occurred?** (5000 characters)

***\*Answer these questions as many times as you need to cover every instance of discrimination by USDA.***

**STEP 6: Losses from Discrimination for Applicants Who Have Operated a Farm or Ranch (pgs. 28-31)**

In this step, we ask farmers and ranchers about the losses you experienced as a result of discrimination in a USDA farm loan program.

1. Have you ever been a farmer or rancher?

* No. If no, skip to STEP 7.
* Yes. If yes, complete this STEP.

1. Did you lose any agricultural land you owned because of the discrimination you described in STEP 5?

* No. If no, proceed to the next question.
* Yes. If yes, complete 2a through 2d below:

1. **Describe the circumstances of the loss** (2000 characters):
2. When did the loss occur? Limit: 50 characters)
3. How many acres did you lose?
4. At the time that you lost this owned agricultural land, how many other acres of agricultural land did you rent or own?

3. If your home was used as collateral for the loan, did you lose your home because of the discrimination you described in STEP 5?

* No. If no, proceed to the next question.
* Yes. If yes, complete 3a through 3c below:

1. My home was used as collateral for the loan:

* No.
* Yes.

1. **When did the loss occur?** (Limit: 50 characters)
2. **Describe what happened:** (For example, was it the result of a foreclosure?) Limit: 2000 characters)

4. Were any offsets, garnishments, or deficiency judgments imposed on you as a result of defaulting on your USDA farm loan or USDA foreclosing on your USDA farm loan?

* No. If no, proceed to the next question.
* Yes. If yes, complete 4a through 4d below:

1. When did the offsets, garnishments, or deficiency judgments occur? (Limit: 50 characters)
2. **Describe the offsets, garnishments, or deficiency judgments:** (Limit: 2000 characters)
3. **Describe the circumstances of the offsets, garnishments, or deficiency judgments:** (Limit: 2000 characters)
4. What was the approximate value of the offsets, garnishments, or deficiency judgments? (Do not include within this calculation any losses reported in another part of this Application.)

5. **Did you have *other* economic loss, not already listed, because of the discrimination?**

(NOTE: Do not include anything covered by the above questions. If you lost land that you owned, do not include agricultural equipment; we will estimate it along with the value of the lost land. Your calculation of the loss **must** be provided as an attachment)

* No. If no, proceed to the next question.
* Yes. If yes, complete 5a through 5d below:

1. When did the loss occur? (Limit: 50 characters)
2. **Describe the loss:** (Limit: 2000 characters)
3. **Describe the circumstances of the loss:** (Limit: 5000 characters)
4. What was the estimated value of the loss?

6. **Explain how the losses you experienced were the result of the discrimination you described in STEP 5** (Limit: 2000 characters)

**STEP 7: Prior Claims, Complaints, and Appeals (pgs. 32-34)**

You **must** complete this STEP if you received money or other relief for the **same** discriminatory conduct that is the subject of this Application, in Pigford 1, In Re Black Farmers Discrimination Litigation (BFDL) / Pigford 2, Keepseagle, Hispanic and Women Farmers and Ranchers Claims Resolution Process (HWFRCP) / Love / Garcia, or any other type of farm loan discrimination complaint or appeal. Note: Participation in these prior matters does not disqualify you for participation in this program.

1. Did you file a claim in any of following USDA claims resolution programs?
   1. **USDA Claims Resolution Programs** 
      1. Pigford 1

* No
* Yes
  + 1. In re Black Farmers Discrimination Litigation (BFDL or Pigford 2)
* No
* Yes
  + 1. Keepseagle
* No
* Yes
  + 1. USDA Hispanic and Women Farmers and Rancher Claims Process (HWFRCP) or Love or Garcia
* No
* Yes

*If you answered Yes to filing a claim in at least one of the above USDA Claims Resolution Programs, please complete these questions:*

1. Did you receive a monetary award from any of the above USDA claims resolution programs?

* Yes. If yes, how much?
* No
* Do not know

1. As a result of any of the above USDA claims resolutions programs, did you receive any relief of any USDA farm loan debt held prior to January 1, 2021?

* Yes. If yes, how much?
* No
* Do not know

2. Have you previously received money or other relief as a party to any other lawsuit, administrative claim, or appeal against USDA, in which discrimination in USDA farm loan programs was alleged, prior to January 1, 2021?

* Yes, I received money or other relief
* No, I either have not participated in any other such matter, or I did not receive money or other relief. (Skip to STEP 8)
* I do not know. (Skip to STEP 8)

*If yes, complete the remainder of STEP 7 below:*

3. What type of action did you participate in?

* A lawsuit
* An administrative claim, complaint, or appeal made to USDA Office of the Assistant Secretary for Civil Rights
* An administrative claim, complaint, or appeal made to USDA Office of Administrative Law Judge
* An administrative claim, complaint, or appeal made to another office (specify below): (Limit: 100 characters)

4. Please provide information about the lawsuit, claim, complaint, or appeal:

1. Case name: (Limit: 200 characters)
2. Court or administrative tribunal/office (Limit: 200 characters)
3. Complaint number or proceeding number: (Limit: 200 characters)
4. The lawyer(s) or law firm(s) that represented you in the matter, if any (Limit: 200 characters)
5. In which state(s) are the lawyer(s) or law firm(s) located? (Limit: 50 characters)
6. Date filed: (Limit: 10 characters)
7. Date ended: (Limit: 10 characters)

5. What is the status of the lawsuit, claim, complaint, or appeal?

* Decided in your favor
* Settled
* Do not know

6. Did you receive a monetary award from the lawsuit, claim, complaint, or appeal?

* Yes. If yes, how much?
* No
* Do not know

**STEP 7: Prior Claims, Complaints, and Appeals**

You **must** complete this STEP if you received money or other relief for the **same** discriminatory conduct that is the subject of this Application, in Pigford 1, In Re Black Farmers Discrimination Litigation (BFDL) / Pigford 2, Keepseagle, Hispanic and Women Farmers and Ranchers Claims Resolution Process (HWFRCP) / Love / Garcia, or any other type of farm loan discrimination complaint or appeal. Note: Participation in these prior matters does not disqualify you for participation in this program.

1. Did you file a claim in any of following USDA claims resolution programs?

USDA Claims Resolution Programs

Pigford 1

* No
* Yes

In re Black Farmers Discrimination Litigation (BFDL or Pigford 2)

* No
* Yes

Keepseagle

* No
* Yes

USDA Hispanic and Women Farmers and Rancher Claims Process (HWFRCP) or Love or Garcia

* No
* Yes

*If you answered Yes to filing a claim in at least one of the above USDA Claims Resolution Programs, please complete these questions:*

1. Did you receive a monetary award from any of the above USDA claims resolution programs?
   * Yes. If yes, how much?
     1. $
   * No
   * Do not know
2. As a result of any of the above USDA claims resolutions programs, did you receive any relief of any USDA farm loan debt held prior to January 1, 2021?
   * Yes. If yes, how much? :
     1. $
   * No
   * Do not know

2. Have you previously received money or other relief as a party to any other lawsuit, administrative claim, or appeal against USDA, in which discrimination in USDA farm loan programs was alleged, prior to January 1, 2021?

* Yes, I received money or other relief.
* No, I either have not participated in any other such matter, or I did not receive money or other relief (Skip to STEP 8)
* I do not know (Skip to STEP 8)

*If yes, complete the remainder of STEP 7 below:*

3. What type of action did you participate in?

* A lawsuit
* An administrative claim, complaint, or appeal made to USDA Office of the Assistant Secretary for Civil Rights
* An administrative claim, complaint, or appeal made to USDA Office of the Assistant Secretary for Civil Rights
* An administrative claim, complaint, or appeal made to another office (specify below):

4. Please provide information about the lawsuit, claim, complaint, or appeal:

* Case name:
* Court or administrative tribuna/office:
* Complaint number or proceeding number:
* The lawyer(s) or law firm(s) that represented you in the matter, if any:
* In which state(s) are the lawyer(s) or law firm(s) located?
* Date filed:
* Date ended:

5. What is the status of the lawsuit, claim, complaint, or appea?

* Decided in your favor
* Settled
* Do not know

6. Did you receive a monetary award from the lawsuit, claim, complaint, or appeal?

* Yes. If yes, how much?
  + $
* No
* Do not know

7. Did you receive any other relief from ther lawsuit, claim, complaint, or appeal?

* Yes. If yes, describe below.
* No
* Do not know.
* Description of other relief:

8. Was the lawsuit, claim, complaint, or appeal based on the same conduct described in this Application?

* Yes. If yes, skip to STEP 8.
* No. If no, complete 8a and 8b below:
  + A. What allegations were made?
  + What findings (if any) resulted?

**STEP 8: Additional Information (Optional)**

Please provide any additional information to support your Application on the following page(s). For example, you can add additional details to any answers you have already provided, or if you feel that the questions have left out anything important, you can explain it here. (List the corresponding step, part, and question number along with any additional details.) You may copy the page as many times as you need to tell your full story.

If the information provided here is a continuation of the questions above, then it may factor into the amount of financial assistance for which you are eligible. The prior steps of the Application are where program administrators will focus attention in determining amounts of financial assistance.

If you wish to provide any additional information about the discrimination you faced beyond a continuation of the questions above, please do so; this information will not affect the amount of financial assistance you receive, but it will help USDA to improve the equity of USDA farm loan programs for every farmer and rancher.

**Additional Information (OPTIONAL) Response Template**

Make a copy of this page as many times as you need to provide additional details in support of your Application. Please indicate the corresponding Step, Part, Instance and/or Question number if the additional details provided below continue a response to a prior question in this Application.

* STEP:
  + OR
* Part:
* STEP 5 Part B Instance:
* Question:
* Check here if this is a general response and is not a continuation of a particular question:

Additional Details:

**STEP 9: Taxpayer Information Request**

In order to receive financial assistance, you **must** provide one of the following documents. You will not be issued any financial assistance payment, even if your Application is approved, if you do not include one of these documents.

**Taxpayer Information**

Provide the W-9 (or W-8) form for the individual applicant identified in STEP 1 of this form. Please do not provide the tax form for any other people or entities involved in ownership of the property or in the loan.

1. **U.S. Citizens, U.S. Resident Aliens and U.S. Entities must** submit a completed IRS Form W-9. You may obtain a copy of the IRS Form W-9 at: <https://www.irs.gov/forms-pubs/about-form-w-9>
   * I am attaching a completed IRS Form W-9.
2. **Non-U.S. Citizens, Non-U.S. Resident Aliens must** submit the appropriate completed IRS Form W-8BEN, W-8ECI, or Other W-8, as applicable. Please visit irs.gov for information about and obtain a copy of each Form W-8 if you are unsure of which form to complete and submit.
   * I am attaching a completed IRS Form W-8BEN.
   * I am attaching a completed IRS Form W-8ECI.
   * I am attaching a different completed IRS Form W-8. Specify which form is attached:

**Payment Information**

If your Application is approved, and you qualify for financial assistance, your financial assistance payment will be issued via check, and your check will be mailed to the address listed in STEP 1 of this Application.

**STEP 10: Signatures and Certifications**

By submitting this form, you are agreeing that you understand the notices below regarding your waiver of rights, and the Privacy Act.

**Privacy Act Notice:**

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). By submitting this form, you are authorizing the U.S. Department of Agriculture to collect this information as authorized by the Inflation Reduction Act, Section 22007, Title II of Public Law 117-169 (Aug. 16, 2022). The information you submit in your Application is for official use by the U.S. Department of Agriculture, including its agency contractors and vendors assisting in the administration of the Fund, for the purposes of determining your eligibility for, and the amount of, financial assistance you may receive under your Application. The information collected on this form may be disclosed to U.S. Department of Treasury for income reporting, in addition to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14. Provision of this information is voluntary; however, failure to provide complete information may result in a delay in processing or a denial of your Application.

**Paperwork Reduction Act Notice:**

Public reporting burden for this collection is estimated to average 2 hours per response and the electronic submission is estimated to average 1.5 hours per response, including reviewing instructions, gathering, and maintaining the data needed, completing (providing the information), and reviewing the collection of information. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you.

You are not required to respond to the collection of information unless it displays a valid OMB control number: 0503-0028.

**USDA is an equal opportunity provider, employer, and lender.**

**SIGNATURE PAGE**

Applicant’s Social Security Number or Individual Taxpayer ID Number:

**Instructions**: Please review the following statements and initial where indicated. Sign and date the form and print your name at the end of the form.

*For all applicants, please initial in acknowledgement of the following:*

* **I Certify** that the information provided in this Application and any documents provided in support of this Application are true and accurate to the best of my knowledge, and I declare under penalty of perjury that the foregoing is true and correct. I Understand that false statements or applications made in connection with the Application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government, including as provided in 18 U.S.C. § 1001, and that applications that appear to be potentially fraudulent or to contain false information will be forwarded to federal, state, and local law enforcement authorities for possible investigation and prosecution.
* **I Understand** the submission of this Application authorizes the U.S. Department of Agriculture to collect this information under the Privacy Act and I have read and understand the Privacy Act Notice provided. Consistent with that Notice, I Consent to the disclosure of any records or information relating to my Discrimination Financial Assistance Program (DFAP) application for the routine uses described in that Notice, and I Further Authorize such disclosures for the purpose of determining qualification and/or financial assistance for my Application to: agency contractors assisting in the administration of the Financial Assistance Fund; other federal, state, or local agencies, including the U.S. Department of Treasury.
* **I Authorize** the U.S. Department of Agriculture to obtain any information relating to my Application under the Inflation Reduction Act Section 22007 Discrimination Financial Assistance Program (Program or DFAP) for the purpose of evaluating my Application for financial assistance to the DFAP from any other federal, state, or local agencies or other sources having information relating to my Application. This information may include but is not limited to government and financial information about me or the individual whom I represent. I Further Authorize individuals, entities, and federal, state, and local agencies, having information pertinent to my Application, to release such information to a duly accredited representative of the U.S. Department of Agriculture during the review of my Application to the DFAP, regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are as valid as the original release signed by me. I acknowledge that I have the right to revoke this Authorization at any time, except to the extent that DFAP and the entities listed above have already acted based on this Authorization. I understand that the knowing and willful request for, or acquisition of, a record pertaining to an individual under false pretenses is a criminal offense subject to a $5,000 fine.

Signature of applicant:

Date of signature:

Printed name of applicant:

**SIGNATURE PAGE**

Applicant’s Social Security Number or Individual Taxpayer ID Number:

Signature of preparer, guardian, or lawyer:

The fee I have charged for helping the applicant, if any, is:

*For all preparers, guardians, or lawyers, please initial in acknowledgement of the following:*

* **I hereby certify** that I have prepared this Application for the applicant, based on information provided to me by the applicant or obtained by me, and have fully provided all relevant information that has been shared with me.
* **I hereby certify** that I have informed the applicant that the government is not charging any fee to an applicant to apply for financial assistance under this program.
* **I hereby certify** that I do not have knowledge or information that the information provided in this Application and its documents is incorrect or untruthful.
* **I declare under penalty of perjury** that the foregoing certifications are true and correct.
* **I understand** that false statements or applications made in connection with the Application may result in fines, imprisonment and/or any other remedy available by law to the Federal Government, including as provided in 18 U.S.C. § 1001, and that applications that appear to be potentially fraudulent or to contain false information will be forwarded to federal, state, and local law enforcement authorities for possible investigation and prosecution.

Signature of preparer:

Date of signature:

Printed name of preparer:

Preparer’s organization (if applicable):

Preparer’s phone number:

Preparer’s email: