



# AGRICULTURE - FARM OPERATION EXPENSE 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: \_\_\_\_\_

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

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

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



OFFICE OF THE MISSOURI STATE TREASURER

The Office of the Missouri State Treasurer | PO Box 210 | Jefferson City, Missouri 65102  
(573)751-2372 | [LinkedDeposits@treasurer.mo.gov](mailto:LinkedDeposits@treasurer.mo.gov) | <https://www.treasurer.mo.gov/LinkedDeposit>



**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) Am headquartered in Missouri  True  False
- (b) Maintain operations and transact business in Missouri  True  False
- (c) Employ fewer than ten (10) employees  True  False
- (d) Am organized for profit  True  False
- (e) Projected farming income (not including spouse's income) will exceed non-farm income  True  False
- (f) Funds will only be used for production expenses including equipment purchase or rental, custom harvesting expense, rent, wages, livestock, feed, fertilizer, chemicals, professional fees, or renovations, repairs, expansion or purchase of buildings and ancillary fixed assets (loading chutes, grain storage, etc.). Funds may not be used for purchasing or refinancing of land.  True  False

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

- (g) Employ only legal workers\*  True  False
- (h) Do not currently owe any unpaid, non-protested taxes to the State or any political subdivision\*  True  False
- (i) 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
- (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

*\* 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.*

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title (if business)

\_\_\_\_\_  
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)).*

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

**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.**