

Missouri Agricultural and Small Business Development Authority
**Application for Requesting
 Family Farms Breeding Livestock Tax Credits**

**MISSOURI FORM
 F**
 Chapter 348.500 RSMo

SECTION 1 LENDER INFORMATION

NAME OF LENDER and CONTACT PERSON				
ADDRESS (STREET/P.O. BOX)		CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER		BUSINESS FEDERAL IDENTIFICATION NUMBER	
COUNTY	MISSOURI STATE SENATORIAL DISTRICT #		MISSOURI STATE REPRESENTATIVE DISTRICT #	
TAX YEAR <input type="checkbox"/> CALENDAR YEAR <input type="checkbox"/> FISCAL YEAR	BEGINNING DATE OF FISCAL YEAR		ENDING DATE OF FISCAL YEAR	
LENDER IS ORGANIZED AS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> OTHER _____ If lender is a S-Corporation or Limited Liability Company, attach separate sheet to this application and identify the names, social security numbers, federal employer identification numbers and proportionate share of ownership of each beneficiary, partner or shareholder. Aggregate proportionate shares or percent of ownership may not exceed 100%.				

SECTION 2 LOAN INFORMATION

TOTAL PURCHASE PRICE: (ATTACH DESCRIPTION & PRICE OF LIVESTOCK BEING PURCHASED)	\$	TYPE OF LIVESTOCK <input type="checkbox"/> BEEF <input type="checkbox"/> SHEEP <input type="checkbox"/> DAIRY <input type="checkbox"/> GOATS <input type="checkbox"/> SWINE NOTE: LOAN CANNOT EXCEED \$75,000 – Beef or Dairy Cattle \$35,000 – Swine \$30,000 – Sheep or Goats
AMOUNT OF LOAN DOWN PAYMENT: (CANNOT BE LESS THAN 10% OF THE TOTAL PURCHASE PRICE)	\$	
FAMILY FARM BREEDING LIVESTOCK LOAN AMOUNT:	\$	
ESTIMATED AMOUNT OF INTEREST TO BE INCURRED FOR THE FIRST YEAR OF LOAN: (COPY OF AMORTIZATION SCHEDULE MUST BE ATTACHED)	\$	
LENGTH OF LOAN	YEARS	
INTEREST RATE () FIXED () VARIABLE	%	
REPAYMENT () MONTHLY () QUARTERLY () ANNUALLY () SEMI-ANNUALLY		

SECTION 3 SMALL FARMER INFORMATION

NAME OF SMALL FARMER(S)		MAILING ADDRESS		
PHYSICAL ADDRESS (if different than mailing address)		CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER		SOCIAL SECURITY # / FED ID #	
COUNTY	MISSOURI STATE SENATORIAL DISTRICT #		MISSOURI STATE REPRESENTATIVE DISTRICT #	

SECTION 4 – CERTIFICATION OF THE LENDING INSTITUTE

Pursuant to the “Guidelines and Procedures” document for the “Family Farm Breeding Livestock Loan Program” issued by the Missouri Agricultural and Small Business Development Authority, the Officer (listed below) of the Lending Institute, as indicated on this Application hereby certifies the following:

1. I have received and read the Program Guidelines and Procedures.
2. The borrower is a “Small Farmer” as defined below:
 - A farmer who is a Missouri resident and who has less than \$250,000 in gross agricultural product sales per years.
3. The “Lender” is: Any state or national bank, farm credit system, bank for cooperatives, federal or state chartered savings and loan association, federal or state building and loan association, or small business investment company all of which must be subject to credit examination by an agency of the state or federal government.
4. The “Eligible loan” is for the purchase of breeding livestock only, (beef cattle, dairy cattle, sheep, goats or swine).
5. The Lender will provide a full accounting of the first year’s accrued interest to MASBDA within 30 days of the one year anniversary of the Family Farm Breeding Livestock Loan.

The Lender has submitted with the application:

- Lender’s completed loan application, promissory note, amortization schedule and security filings
- Small farmers current financials (cannot be more than 6 months old)
- Projected cash flow, post loan closing
- Description and price of livestock being purchased. The description must be detailed enough to determine if the purchase price is appropriate for the type and quality being purchased.
- Loan review fee – 1% of loan amount.

By signing this application the Lender agrees to follow the guidelines and procedures for the “Family Farm Breeding Livestock Loan Program”. The Lender also agrees that all information included in this application is true, correct and complete to the best of their knowledge.

SIGNATURE OF LENDER

DATE:

PRINT NAME OF LENDER

TITLE:

SECTION 5 – CERTIFICATION OF THE SMALL FARMER

Pursuant to the “Guidelines and Procedures” document for the “Family Farm Breeding Livestock Loan Program” issued by the Missouri Agricultural and Small Business Development Authority, the Small Farmer (listed below), as indicated on this Application hereby certifies the following:

1. I have received and read the Program Guidelines and Procedures.
2. I am a “Small Farmer” as defined below:
 - A farmer who is a Missouri resident and who has less than \$250,000 in gross agricultural product sales per year.
3. The “Eligible loan” is for the purchase of breeding livestock only, (beef cattle, dairy cattle, sheep, goats or swine).
4. No one in my family has ever received funding through the “Family Farm Breeding Livestock Loan Program” before.
5. I do have the ability to repay the family farm livestock loan.
6. I do allow MASBDA to inspect the livestock purchased under the “Family Farm Breeding Livestock Loan Program”.

By signing this application the Small Farmer agrees to follow the guidelines and procedures for the “Family Farm Breeding Livestock Loan Program”. The Small Farmer also agrees that all information included in this application is true, correct and complete to the best of their knowledge.

SIGNATURE OF SMALL FARMER

DATE:

Additional Documentation

Recent changes to Missouri's immigration law requires that applicants for any state administered benefit provide certification and evidence of legal residence and those that employ others must also provide certification and evidence that your employees' legal status is verified.

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

- U.S. Birth Certificate (certified with embossed or raised seal issued by state or local government)
- U.S. Passport (valid)
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad
- Any other document issued by the federal government affirming legal presence in the U.S.

Additional Instructions:

All Applicants:

All applicants must fill out BOTH sections of the Certification of Citizenship/ Immigration Status and Employer Status document. You do NOT have to complete the Affidavit of Authorized Workers section and you do NOT have to enroll in E-verify if you have no employees.

If you have employees:

If you employ workers with your business you must indicate that you do on the Employer Status Section and complete the Affidavit of Authorized Workers. You also must enroll in the federal worker authorization program, E- Verify and send in a copy of the MOU you received when enrolling with this application. You can enroll by visiting www.dhs.gov/e-verify. E- Verify is a free service provided by the US Department of Homeland Security.

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

All Applicants:

- _____ MO Driver's License (or other document listed above)
- _____ Signed Certification or Citizenship/ Employer Status
(Both Section completed and signed)
- _____ Completed program application

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

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 _____ 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 received 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

State of Missouri
County of _____

Subscribed and sworn to before me, this _____ day of _____, 20____.

[Notary Seal:]

[signature of Notary]

My commission expires: _____, 20____.

[typed name of Notary]
NOTARY PUBLIC