

Vermont Agricultural Credit Corporation

Hurricane Irene Assistance Loan Program Application

Last Updated – 08/31/11

1. **Business Name:** _____ **Federal ID#** _____

Telephone #: _____ Fax # _____ email address _____

Complete Address: _____

Route # P.O. Box City State Zip Code Town/County

DUNS No. _____ you may obtain a no. at <http://fedgov.dnb.com/webform>

2. **Form of Ownership:** LLC Sole Proprietorship Partnership Corporation Cooperative

3. **Applicant Information:**

Name: _____

First Middle Last

Social Security #: _____ Date of Birth: _____

Telephone #: _____ Fax # _____ email address _____

Complete Address: _____

Route # P.O. Box City State Zip Code Town/County

4. **Co-Applicant's Information (Spouse of Applicant – Yes No):**

Name: _____

First Middle Last

Social Security #: _____ Date of Birth: _____

Telephone #: _____ Fax # _____ email address _____

Complete Address: _____

Route # P.O. Box City State Zip Code Town/County

5. **If the operation is organized as a partnership or corporation, please list all the Partners or Directors or Officers.**

6. **Are you farming now? Yes""""No**

7. **Describe the physical or economic crisis experienced by your farm as a result of Hurricane or tropical storm Irene:**

8. **If you rent your farm - Landowner name:** _____

9. **Describe your off farm employment:**

	Name/Address of Employer	Number of Years	Kind of Work	Income Last Year
Applicant:				
Co-Applicant:				

10. What is the size loan you are requesting? _____ Describe below how the funds will be used:

Purpose	Vendor Supplier	Cost
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL VACC LOAN REQUEST		\$

11. Describe the collateral you intend to use as security for the loan.

PLEASE MAIL TO: VACC, 58 East State Street, Suite 5, Montpelier, VT 05602-3044

PLEASE INCLUDE, unless already submitted to VACC this year:

- Most recent tax return including Schedule F**
- Completed Financial Statement**

12. Credit Statement:

- I or We hereby authorize you to release to the Vermont Agricultural Credit Corporation any and all information regarding my credit status, payoff balances and/or copies of credit and financial information.
- I authorize VACC to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.
- I certify the above and the statements contained in any documents submitted to VACC are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a loan and/or a loan guarantee.

Signature of Applicant: _____ Date: _____

Signature of Spouse/Co-Applicant: _____ Date: _____

Signature for Entity: _____ Date: _____

VACC - FINANCIAL STATEMENT – DATE _____

NAME: _____ MILK COMPANY _____ PATRON # _____

Total Acres: Owned _____ Rented _____ Crop Acres _____ Rented _____

BALANCE SHEET						Current Balance			
CURRENT FARM ASSETS				\$ VALUE	CURRENT FARM LIABILITIES				
Cash: Savings: (\$ _____) Checking (\$ _____)					Accounts & Notes Payable (Creditor & Due Date)			Past Due	
Other Invest: (Time Cert \$ _____) (Other \$ _____)									
Accounts & Notes Receivable									
Crops and Feed	Units	Value Per Unit							
Livestock to be sold	Units	Unit Weight	Value Per Unit						
					CCC Loan: (Security _____) (Due Date _____)				
					Current Portion of Principal Due on:				
					Intermediate Liabilities				
					Long Term Liabilities				
Growing Crops	Acres		Cost/Acre		Accrued Interest on:				
					Accounts and Notes Payable				
					Intermediate Liabilities				
					Long Term Liabilities				
					Accrued Taxes				
Supplies and Prepaid Expenses					Income Tax and Social Security				
Leases					Other (judgments, liens, etc.)				
Other					Accrued Rent/Lease Payments				
TOTAL CURRENT FARM ASSETS					TOTAL CURRENT FARM LIABILITIES				
INTERMEDIATE FARM ASSETS					INTERMEDIATE FARM LIABILITIES (portion due beyond 12 months)				
Accounts & Notes Receivable beyond 12 months					Creditor	Due Date	Int. Rate	Monthly Payment	
Breeding Livestock	Units	Value Per Unit							
Machinery, Equipment, Vehicles									
Cash Value, Life Ins. (Face Amount. \$ _____)					CCC Grain Reserve				
CCC Grain Reserve: (Qty. _____) (Value/Unit _____)					Facilities			Payment \$	
Coop Stock					Loan Secured by Life Insurance				
Other					Other				
TOTAL INTERMEDIATE FARM ASSETS					TOTAL INTERMEDIATE FARM LIABILITIES				
LONG TERM FARM ASSETS (Farm Real Estate)					LONG TERM FARM LIABILITIES (Portions due beyond 12 months)				
Total Acres	Date Purchased	Cost			Creditor	Due Date	Int. Rate	Monthly Payment	
Coop Stock									
Equity in Partnerships/Corporations/Joint Operations/Cooperatives									
Other					Other				
TOTAL LONG TERM FARM ASSETS					TOTAL LONG TERM FARM LIABILITIES				
TOTAL FARM ASSETS					TOTAL FARM LIABILITIES				

IF ADDITIONAL SPACE IS NEEDED FOR ANY CATEGORY PLEASE ATTACH ADDITIONAL SHEETS

NONFARM ASSETS	\$VALUE	NONFARM LIABILITIES				
Real Estate		Nonfarm accounts payable				
Car, Recreational Vehicles, etc.						
Household goods						
Cash value of Life Insurance						
Stocks, bonds, and other						
Nonfarm Business		Nonfarm notes payable:				
		Name of Creditor	Due Date	Int. Rate	Monthly Payment	
		TOTAL NONFARM LIABILITIES				
		TOTAL LIABILITIES				
TOTAL NONFARM ASSETS		TOTAL ASSETS				
TOTAL ASSETS		NET WORTH				

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Signature of Applicant: _____ Date: _____

Signature of Spouse/Co-Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____