

Kentucky Agricultural Finance Corporation Linked Deposit Loan Application

For further information contact:
Kentucky Agricultural Finance Corporation
Governor's Office on Agricultural Policy
404 Ann Street
Frankfort, KY 40601
Phone: (502) 564-4627 Ext. 235
Fax: (502) 564-0221

Linked Deposit Investment Program

Loan Application

Following is to be completed by agricultural operation:

A. Applicant information:

Name of Agricultural Applicant

Address

City State Zip Code County

Partner(s) agent/owner of agricultural operation Business Phone

Name of Contact at agricultural operation Alternate Phone

B. Answer the following:

1. Is the Business engaged in agricultural endeavors within Kentucky? Yes_____ No_____
2. Are the operation's annual gross earnings (receipts) one million dollars (\$1,000,000) or less? Yes_____ No_____
3. Does the operation derive at least one half (1/2) of its annual gross income from farming? Yes_____ No_____
4. The operation confirms that no officer or employee holds position as an officer or director in a financial institution participating in the Linked Deposit Investment Program. Yes_____ No_____

Note: If you have answered no to any of the above questions, you are not eligible for participation in the Linked Deposit Investment Program.

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C. Is the agricultural operation **New** _____ or an **Expansion** _____?

D. How many years in operation? _____

If new, when is the expected starting date of operation? _____

E. Describe crop(s) or product(s) the operation offers or will offer:

F. Describe the proposed use of the loan proceeds:

_____ Financing agricultural diversification

_____ Working capital

_____ Land acquisition or improvements

_____ Machinery – Equipment

_____ Renovation or expansion of buildings

_____ Debt Refinancing

_____ Feed, seed, fertilizer, pesticides

_____ Livestock, poultry, fish

_____ Other

G. Linked Deposit Loan amount requested \$ _____

(No eligible agribusiness may have a total outstanding principal debt of more than one hundred thousand dollars (\$100,000.00) in the Linked Deposit Investment Program.)

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H. Certification of statement of agricultural operation

The operation named in this statement conforms to the intent of the Linked Deposit Investment Program, pursuant to KRS Chapter 41 and 42, and has provided true and accurate financial statements and has answered accurately and truthfully the questions listed. It is further my understanding that any person who knowingly makes a false statement concerning an application for a Linked Deposit Investment Program Loan shall be charged with the offense of issuing a false financial statement and shall be subject to liability pursuant to KRS 411.070

_____	_____
Agricultural Operation Name	Date
_____	_____
Signature of partner/agent/owner(s)	Date
_____	_____
Other signature (if required)	Date

Certification of Financial Institution

To be completed by financial institution.

A. Name and Address of Financial institution:

Name of Financial Institution			
Contact name		Phone Number	
Address			
City	State	Zip code	County
Amount requested for loan		Terms and length of loan (Terms must be seven years or less.)	

B. Certifications and Statement of Financial Institution:

On behalf of this financial institution, I certify that according to the above information revealed in this loan application, the applicant is an agricultural operation eligible for participation in the Linked Deposit Investment Program. This application is for a Linked Deposit Investment Loan in the amount of \$_____. I certify that the current borrowing rate applicable to a loan of this type at this financial institution is _____%. The lender hereby agrees to make this loan at the rate of _____% to the above applicant. The Lender agrees to comply with any and all monitoring efforts that may be required by the Kentucky Agricultural Finance Corporation and the State Investment Commission.

Name of Lending Institution Official	Title
Signature	