FSA-2309 (01-20-11) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency							Position 3				
CERTIFICATION OF DISASTER LOSSES											
1. NAME			2. DISASTER NUMBER 3. CROP Y		OP YEAR	YEAR 4. DATE(S) AND NATURE OF DISASTER			SASTER		
5. CROP PRODUCT		E DISASTER YEAR	R AND 3 PRECEDING	YEARS:							
A. B. DISA			ER YEAR	E. PREVIOUS 3 YEAR A PRODUCTION AND SOUR					FOR FSA USE ONLY		
Crana	Linita	C.	D.	(1) Year		(2) Year		(3) Year	:	F.	G.
Crops (List total acres and yields per acre of all crops)	Units (tons, bushels, pounds)	Acres	Yield per Acre	Yield per A and Sourc Code	cre	Yield per A and Sour Code	cre	Yield per A and Sour Code	cre ce	APH Insured Yield per Acre	Normal Year Yield
(1) CASH CROPS:											
(2) FEED CROPS:											
(3) OTHER (i.e., pasture)											

*Source Codes: "1" Owner's Records "2" FSA Program Yield "3" County/State Average

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6.	APPLICANT'S IDENTIFICATION OF A SINGLE ENTERPRISE SUFFERING DISASTER LOSSES: The single farming enterprise which is	does normally generate
	sufficient income to be considered essential to the success of my total farming operations.	
7.	PHYSICAL LOSSES OR DAMAGES TO PROPERTY: Describe below the damages and losses to property othe estimated dollar value of losses suffered and attach actual estimate for repair or replacement of the damaged prolimited to property in which the applicant has an ownership interest.	
	A(1) Dwelling(s):	Estimated dollar value of losses
		A(2)
		\$
	Household furnishings, equipment and personal effects (Specify Type):	Estimated dollar value of losses
		B(2)
		\$
	C(1) Farming buildings (Specify Type):	Estimated dollar value of losses
		C(2)
		\$
	(Specify make, model and year):	Estimated dollar value of losses
	V	D(2)
		\$
	Supplies, harvested or stored crops and livestock products (Specify Type):	Estimated dollar value of losses
		E(2)
		\$
	F(1) Livestock and poultry (Specify type and number):	Estimated dollar value of losses
	The state of the s	F(2)
		\$
	G(1) Aquatic organisms (Specify type and number):	Estimated dollar value of losses
		G(2)
		\$
	Perennial crops (Specify type and number):	Estimated dollar value of losses
		H(2)
		\$
	Other farm property, e.g., fences, land damage, debris removal (Specify Type):	Estimated dollar value of losses I(2)
		1(2)
		\$
	8. TOTAL PHYSICAL LOSSES:	\$
9. 1	MARKS:	ı

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10.	INSURANCE AND OTHER COMPENSATION: Itemize in detail all insurance claims and settlements, and all other compensation, e.g., FSA
	disaster program payments and benefits, and FCIC settlements, received or to be received for losses incurred by the disaster.

disaster program payments and benefits, and FCIC settlements, received or to be received for losses incurred by the disaster.								
A. SOURC			B. CROP OR PROPERTY	•	C. DOLLAR AMOUNT			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
	\$							
11. FARM IN percenta	IFORMA ge of ow	TION: List the FSA farm number, concerning you have in the crops produ	ounty where farm is located, name of farm ope ced on each farm.	rator as reflected b	y FSA records, and the			
Ä.		В.	C.	D.	E.			
FSA Farm Number		County Farm is Located	Name of Farm Operator as Reflected by FSA Records	Operator's Share of Crops	FOR FSA USE ONLY (For Remarks)			
				%				
				%				
				%				
				%				
				%				
				%				
				%				

12. I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.

%

13A. Signature

Note:

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and 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 the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0237. The time required to complete this information collection is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.