

## State of Hawaii Department of Agriculture Agricultural Loan Division 1428 South King Street Honolulu, Hawaii

## APPLICATION FOR AGRICULTURAL LOAN - MICRO LOAN PROGRAM

FULL NAME (PRINT): (FIRST/MIDDLE/LA	AST)								
COCIAL CECUDITY NUMBER.	DATE OF	NE DIDTH.			LLC CITIZEN		LIAWAII DECI	DENOV.	
SOCIAL SECURITY NUMBER: DATE C		OF BIRTH:		U.S. CITIZEN:		HAWAII RESIDENCY:			
NAME OF BUSINESS:				FEDERA	L I. D. NUMBE	R: NO	HAWAII G.E.	YEARS TAX NUMBER:	
PRESENTLY FARMING: IF NO, LAST DATE FARMED:				FARMING EXPERIENCE (YEARS):					
YES NO				PART-TIME FULL TIME					
SPOUSE'S FULL NAME (PRINT): (FIRST/MIDDLE/LAST)									
SOCIAL SECURITY NUMBER (Spouse): SPOUSE'S DATE OF BIRTH:					: U.S. CITIZEN: HAWAII RESIDENCY:				
OF ORDER OF DIRECT					YES NO YEARS				
MAILING ADDRESS: (COMPLETE):				TELEPHONE NUMBER:					
LOAN AMOUNT REQUESTED: (Cannot exceed \$25,000) Purpose of Loan:									
PERSONAL FINANCIAL STATEMENT									
ASSETS			LIABILITIES						
Cash in Savings Account(s)				Notes Payable					
Cash in Checking Account(s)				Accounts Payable					
Accounts & Notes Receivable				Unpaid Taxes					
Stocks & Bonds			Mortgages Payable						
Cash Value of Life Insurance				Auto Loans					
Real Estate				Other Loans					
Farm Equipment/Machinery				Other Liabilities					
Inventory & Cash Invested in	Farm								
Personal Property/Furniture				TOTAL LIABILITIES					
Other Assets				NET WORTH (Assets less Liabilities)					
TOTAL ASSETS			TOTAL LIABILITIES & NET WORTH						
The foregoing is submitted for the purpose of procuring, establishing and maintaining credit with you in behalf of the undersigned persons, firms, or corporations in whose behalf the undersigned may, either severally or jointly with others, execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice is given to you by the undersigned. The undersigned warrants that ownership of any assets listed herein will not be transferred, either into joint tenancy or otherwise, to another person while amounts are still owing to the State.  In addition to the foregoing, I authorize the State to make any inquiries about my finances, income, employment, credit and personal references as they feel are necessary from time to time.									
Signature					Date				

## FARM QUESTIONNAIRE

Name of Applica	nt:							
Education:	University (4 year degree)	)	Community College (2 year degree)					
Vocational Training			Other					
	gricultural Production:							
Name of Busines	SS:							
Business Organia	zation: Sole Proprietors	ship	Partnership	Corporation				
Farm Location: _								
Total Area Farme	ed:							
Farm is:0	Owned Leased	If leased, leased, pr	operty is owned by:					
Number of Employees: Full-Time Part-Time								
Major Crops Grown:								
Marketing Outlets	s:							
Average Prices Received for Crops Grown:								
Credit References (List banks or other institutions that you have obtained credit within the past 3 years):								
Personal Referer	nces:							