



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/LAST)			
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAWAII RESIDENCY: _____ YEARS
NAME OF BUSINESS:		FEDERAL I. D. NUMBER:	HAWAII G.E. TAX NUMBER:
PRESENTLY FARMING: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, LAST DATE FARMED: _____	FARMING EXPERIENCE (YEARS): PART-TIME _____ FULL TIME _____	
SPOUSE'S FULL NAME (PRINT): (FIRST/MIDDLE/LAST)			
SOCIAL SECURITY NUMBER (Spouse):	SPOUSE'S DATE OF BIRTH:	U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAWAII RESIDENCY: _____ YEARS
MAILING ADDRESS: (COMPLETE):			TELEPHONE NUMBER:
LOAN AMOUNT REQUESTED: <i>(Cannot exceed \$50,000)</i>		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 Applicant: _____

Education: _____ University (4 year degree) _____ Community College (2 year degree)
_____ Vocational Training _____ Other _____

Experience in Agricultural Production: _____

Name of Business: _____

Business Organization: _____ Sole Proprietorship _____ Partnership _____ Corporation

Farm Location: _____

Total Area Farmed: _____

Farm is: _____ Owned _____ Leased If leased, lease expires: _____
If leased, property is owned by: _____
Owner's address: _____

Number of Employees: _____ Full-Time _____ Part-Time

Major Crops Grown: _____

Marketing Outlets: _____

Average Prices Received for Crops Grown: _____

Credit References (List banks or other institutions that you have obtained credit within the past 3 years):

Personal References:

