

BLACK HILLS FEDERAL CREDIT UNION

Agricultural Micro Loan Application

(For loans \$50,000 or less)

Attached to this letter is the Application for an Agricultural Loan through BHFCU.

Please complete the documents as fully as possible and sign all forms where indicated. Make sure you indicate the type and amount of loan you are requesting.

WE ALSO NEED THE FOLLOWING:

- + The last three years of Tax Returns
- + Documentation on any debts you have. This includes copies of current statements from credit cards or any other debt verifications. This can save considerable time in waiting for written verifications.

You will be notified of any missing or additional documents needed for a complete application. Once these are received the file can be processed and a loan decision made.

The completed Application Package can be e-mailed to AgLending@bhfcu.net, mailed to PO Box 1420 Rapid City, SD 57709 or dropped off at any BHFCU Member Service Center.

If you have any questions please don't hesitate to contact us at the email address listed above or call Don at (605) 858-6454.



Black Hills FEDERAL CREDIT UNION

BLACK HILLS FEDERAL CREDIT UNION AGRICULTURAL LOAN APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.



LOAN APPLICANT Loan Applicant General Information

Notice—Joint Credit

We intend to apply for joint credit (initials) _____

Borrower Name: _____ Date of Birth: _____

Joint Application (identify other applicants): _____ Date of Birth: _____

Address: _____ Phone: _____

Cell Phone: _____ Tax Identification Number: _____ Email Address: _____

ENTITY APPLICATION Type of Entity: _____

Name: _____

Address: _____ Contact Number: _____

State of Registration: _____ State of Formation: _____ County of Operation: _____

Tax Identification Number: _____ Regulation ID: _____ Nature of Business _____

Member Number _____



LOAN REQUEST AND SOURCES OF REPAYMENT

New _____ Refinance _____ Renewal/Extension _____ Other (Explain) _____

Use of Proceeds: _____

Amount Requested: _____ Requested Payment Amount: _____

Requested First Payment Date: _____ Requested Loan Term: _____

Amount Requested: _____ Requested Payment Amount: _____

Requested First Payment Date: _____ Requested Loan Term: _____

Name, Address, and Phone Number of Employers (both applicants when applies): _____

CREDIT DENIAL NOTICE

If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact (Name, address, and telephone number of the person or office from which the statement of reasons can be obtained):

Black Hills Federal Credit Union
Business Loan Department, PO Box 1420
Rapid City, SD 57709-1420

Within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement. The notice that follows describes additional protections to you.

EQUAL CREDIT OPPORTUNITY NOTICE

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

National Credit Union Administration
Office of Consumer Protection (OCCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

SIGNATURES. By signing below, Loan Applicant submits this application and the information provided on all accompanying financial statements and schedules for the purpose of obtaining credit and represents that the information submitted is accurate and complete. Loan Applicant acknowledges that representations made in this application will be relied on by Lender in evaluating this application and, if approved, in extending credit. Loan Applicant represents that none of the parties named in this application have relied on advice from the Lender in applying for or receiving any credit. Loan Applicant acknowledges that Lender has not made any commitment to approve this application and extend credit, unless otherwise agreed to in writing. Lender is authorized to conduct any inquiries it decides are necessary to verify the accuracy of the information contained in this application and to use any reasonable method to determine the creditworthiness of the Loan Applicant. Lender is also authorized to answer any questions from others about Lender's credit experience with the parties in this application. Loan Applicant will promptly notify Lender of any subsequent changes which would affect the accuracy of this application, and will provide all documents and information that Lender decides are necessary to complete this application. Loan Applicant authorizes Lender to retain this application, whether or not Lender approves any extension of credit. Any intentional misrepresentation of the information contained herein could result in criminal action under federal law.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a consumer credit report on them.

Applicant Name

By X _____
for Applicant Self or Entity Date

By X _____
for Applicant Self or Entity Date

By X _____
for Applicant Self or Entity Date

By X _____
for Applicant Self or Entity Date

Balance Sheet

Name: _____

Any property owned or leased, including livestock and machinery/equipment should be entered on the following page.

A. ASSETS:		B. DEBTS:		
1. DESCRIPTION	2. \$ VALUE	4. CREDITOR	5. \$ PAYMENT	6. \$ BALANCE
3. TOTAL ASSETS:		7. TOTAL DEBTS:		
				8. Total Assets from Item 3:
				9. Total Debts from Item 5: (-)

Projected Annual Income and Expenses

C. INCOME:	
1. DESCRIPTION <i>(Include income from crops and livestock):</i>	2. \$ Amount
3. Crop(s):	
4. Livestock:	
	5. Total Annual Farm Income:
D. EXPENSES:	
1. DESCRIPTION:	2. \$ Amount
	3. Total Annual Farm Expenses:
	4. Net Farm Income (Subtract Item C5 from Item D3):
	5. Total Annual Non-Farm Income:
	6. Total Annual Family Living Expenses:
	7. Net Non-Farm Income (Subtract Item D6 from Item D5):
	8. Net Total Annual Income (Add Item D4 from Item D7):
E. SIGNATURE:	
<i>I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.</i>	
1. Signature	2. Date



BLACK HILLS FEDERAL CREDIT UNION

Agriculture Lending Department

PROPERTY OWNED AND LEASED

1. Name of Applicant

A. LAND. Include all land owned, to be owned, or leased.

1	2	3	6	7	8	9	10
Owner of Record	Description/County	Total Acres	Crop Acres	Oral/Written Lease	Crop Share %	Cash Rent \$	Expiration Date

B. EQUIPMENT/LIVESTOCK. Include only equipment/livestock to be purchased, currently leased, or to be leased.

1	2	3	4	5	6	7
Owner of Record	Description	# of Units	Share %	Oral/Written Lease	Cash Rent \$	Expiration Date

C. CERTIFICATION

I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.

1. Signature

2. Date



BLACK HILLS FEDERAL CREDIT UNION
 Agriculture Lending Department
CREDITOR LIST

A. INSTRUCTIONS: List all creditors to whom you are presently indebted that were not listed on the Balance Sheet. In the case of an entity, the entity and each individual member must complete this form or provide alternate documents.

1. Name:

B. CREDITORS (Complete a separate entry for each creditor)

1A. Name and Address	1B. Telephone Number
	1C. Account Number
	1D. Contact Person
2A. Name and Address	2B. Telephone Number
	2C. Account Number
	2D. Contact Person
3A. Name and Address	3B. Telephone Number
	3C. Account Number
	3D. Contact Person
4A. Name and Address	4B. Telephone Number
	4C. Account Number
	4D. Contact Person
5A. Name and Address	5B. Telephone Number
	5C. Account Number
	5D. Contact Person

C. SIGNATURE

I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.

1. Signature	2. Date