

PROCEDURE REFERENCE : FmHA Instruction 1900-D

PURPOSE : Used by an FmHA employee, County Committee member or closing agent to notify FmHA processing/servicing officials of a known relationship or association with a recipient of FmHA assistance.

UNITED STATES DEPARTMENT OF AGRICULTURE
 FARMERS HOME ADMINISTRATION
 (Location)

Date:

Subject: Notice of relationship or association with a recipient of FmHA assistance.

To: FmHA processing/servicing official
 [State Director, if appropriate official is not known]

This is to notify you that I am related to or associated with an applicant for or recipient of FmHA assistance. The following information is correct to the best of my knowledge. I have indicated unknown information with a question mark.

Recipient name:	_____	Case number:	_____
Security property location:	_____	State/County code:	____-____
		District:	_____
Type of assistance:	_____	Amount	_____
		\$	_____
		Fund/Loan code:	____-____
Status of assistance:	_____		
	<input type="checkbox"/> Pre-application	<input type="checkbox"/> Application	<input type="checkbox"/> In process <input type="checkbox"/> Active
Employee duty station:	_____	State/County code:	____-____
		District:	_____
Details of relationship/association:	_____		

 Name of employee, County Committee member or closing agent
 Title
 Location