ARKANSAS RURAL ENDOWMENT FUND, INC.

Agricultural Loan Application

APPLICANT:

Name	DOB//SS No
Married Unmarried	No. of Dependents Ages
	Telephone No. ()
Mailing Address	Fax No. ()
CityState _	Zip Cell Phone ()
E-mail Address	Work No. ()
Employer	How long?
Employer's Address	Employer's Phone No. ()
Occupation/Position	Monthly Income
Resident of Arkansas since Month/Year	Other Income
Driver's License No.	State
with co-applicants and they will be jointly re	nless this loan will be secured by property co-owned esponsible, or if you are relying on your co-applicant's
Applicant need not complete this section up with co-applicants and they will be jointly reincome to repay this loan.	esponsible, or if you are relying on your co-applicant's
Applicant need not complete this section up with co-applicants and they will be jointly reincome to repay this loan. Name	esponsible, or if you are relying on your co-applicant's DOB/ SS No
Applicant need not complete this section unwith co-applicants and they will be jointly reincome to repay this loan. Name Unmarried	esponsible, or if you are relying on your co-applicant's DOB/ SS No No. of Dependents Ages
Applicant need not complete this section unwith co-applicants and they will be jointly reincome to repay this loan. Name Married Unmarried Residence Address	DOB/ SS No No. of Dependents Ages Telephone No. ()
Applicant need not complete this section unwith co-applicants and they will be jointly reincome to repay this loan. Name Married Unmarried Residence Address Mailing Address	DOB SS No No. of Dependents Telephone No. () Fax No. ()
Applicant need not complete this section unwith co-applicants and they will be jointly reincome to repay this loan. Name Married Unmarried Residence Address Mailing Address State	DOB No. of Dependents Fax No. () Fax No. () Cell Phone ()
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Applicant need not complete this section unwith co-applicants and they will be jointly reincome to repay this loan. Name Married Unmarried Residence Address Mailing Address State E-mail Address Employer	
Applicant need not complete this section unwith co-applicants and they will be jointly reincome to repay this loan. Name Unmarried Residence Address State State E-mail Address Employer Employer's Address Occupation/Position	DOB/

FORM OF BUSINESS:

Sole Proprietorship Partnership (copy of Partnership Agreement and authority to borrow)					
Corporation (Certification of Good Standing and Corporate Resolution with authority to borrow)					
If partnership or corporation, list partners or officers on separate page:					
Name of Corporation					
Date Incorporated AR ID No TIN:					
Present Farm Operated:Year began farming					
Location					
Acres Owned Acres Rented					
Tillable					
Other					
Landlord Name					
Address, 20 Annual Cash Rental \$					
Lease Expires, 20 Annual Cash Rental \$					
Share Percentages %					
Major products sold					
List contracts for Sale of Products, to whom and terms of contract on separate page if necessary.					
Have you had any judgments against you or any debt forgiven? No Yes					
Have you ever filed Bankruptcy ? No Yes Date Status					
Include statement of explanation on separate page.					
USE OF LOAN PROCEEDS: Describe what you plan to do with loan funds:					
COL OF LOAK FROOLEDG. Describe what you plan to do with loan failus.					
SUMMARY OF PREVIOUS EXPERIENCE: Briefly summarize your experience and training in					
agriculture and business. The summary should provide adequate information to assess your					
management capabilities. Attach additional page if necessary.					
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LOANS REQUESTED AT THIS TIME:

Loan	Amount	No. of	Specify monthly, quarterly, or annual payments.
Туре	Requested		Beginning when?
Farm			
Operating			
Farm Ownership			
(Real Estate)			
Future Farmer -			
Rural Youth			

REFERENCES: Two personal and two business related						
Name	Address/Phone No.	Relationship to Applicant				
1						
2						
3		-				
4						

The undersigned certifies under penalty of perjury that the information provided is complete and accurate to the best of their knowledge, and understands that a false statement or report of facts material to the approval of a loan, knowingly made may, subject the maker to liability. The undersigned also agrees that whether or not the loan is closed, all such title expenses shall be paid by applicant. The undersigned hereby authorizes any institution to release credit/financial/employment information to Arkansas Rural Endowment Fund, Inc. (AREF, Inc.). All Signatures must be signed in ink. A non-refundable \$150.00 application fee must be included with your loan request.

X		X	
Applicant Signature	Date	Co-Applicant Signature	Date

Please return completed loan application and \$150.00 application fee to:
Arkansas Rural Endowment Fund, Inc.
1306 West Fourth Street, P.O. Box 750
Little Rock, AR 72203-0750
Phone: (800) 232-5505 Fax: (501) 375-8625