

Beginning Farmer Established Farmer

Documents to be submitted with Application Packet *(if applicable)*

3 prior years of signed financial statements, if available 3 prior years of tax returns, if available
 Purchase Agreement Lease Agreement (if applicable) Financial Projections
 Narrative explaining loan request, source of secondary financing, farming experience and management ability

REGULATION B: NOTICE OF INTENT TO APPLY FOR JOINT CREDIT

Regulation B and the Equal Credit Opportunity Act requires that a lender obtain evidence of each loan applicants' intent to apply for joint credit before a credit decision can be made. Failure to complete, when required, will render the application/request for credit incomplete.

I do not intend to apply for joint credit We intend to apply for joint credit

SECTION A: APPLICANT INFORMATION

Name (Last, First, Middle Initial)		
Social Security Number	Date of Birth (mm/dd/yyyy)	
Mailing Address (RR/PO Box)		
Physical Address (if different than above)		
City	State	ZIP Code
Email Address		
County of Residence	Telephone Number	Cell Phone Number
Number of Dependents	Primary Occupation	
Other Occupations		
Time between the respective occupations is spent in approximately the following proportions		
Are you co-signing for any other debts? <input type="checkbox"/> No <input type="checkbox"/> Yes, list separately:		
Have you had any of the following? (check if applicable): <input type="checkbox"/> Debt forgiveness <input type="checkbox"/> Filed a petition in bankruptcy <input type="checkbox"/> Completed a short sale <input type="checkbox"/> Given a deed in lieu of foreclosure <input type="checkbox"/> Unsatisfied judgments		
Provide a written explanation for checked item(s) above:		
Do you now own, or have you previously owned farm real estate? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, acres now own	If yes, acres previously owned	

SECTION B: JOINT APPLICANT INFORMATION

Name (Last, First, Middle Initial)		
Social Security Number	Date of Birth (mm/dd/yyyy)	
Mailing Address (RR/PO Box)		
Physical Address (if different than above)		
City	State	ZIP Code
Email Address		
County of Residence	Telephone Number	Cell Phone Number
Number of Dependents	Primary Occupation	
Other Occupations		
Time between the respective occupations is spent in approximately the following proportions		
Are you co-signing for any other debts? <input type="checkbox"/> No <input type="checkbox"/> Yes, list separately:		
Have you had any of the following? (check if applicable): <input type="checkbox"/> Debt forgiveness <input type="checkbox"/> Filed a petition in bankruptcy <input type="checkbox"/> Completed a short sale <input type="checkbox"/> Given a deed in lieu of foreclosure <input type="checkbox"/> Unsatisfied judgments		
Provide a written explanation for checked item(s) above:		
Do you now own, or have you previously owned farm real estate? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, acres now own	If yes, acres previously owned	

APPLICANT (cont'd)

Financial Institution Where you have an Account (primary)		
Address		
City	State	ZIP Code

Financial Institution Where you have an Account (secondary)		
Address		
City	State	ZIP Code

JOINT APPLICANT (cont'd)

Financial Institution Where you have an Account (primary)		
Address		
City	State	ZIP Code

Financial Institution Where you have an Account (secondary)		
Address		
City	State	ZIP Code

SECTION C: MARITAL STATUS

Applicant
 Married Separated Unmarried (single, divorced, widowed)
 If married, provide full name of spouse:

Joint Applicant
 Married Separated Unmarried (single, divorced, widowed)
 If married, provide full name of spouse:

SECTION D: LOAN REQUEST INFORMATION

Amount of Loan Requested

Please provide the legal description of the property which will be security for this loan *(attach additional pages, if necessary)*

Legal Description	SEC	TWP	RANGE	ACRES

List purpose of loan (i.e. purchase/refinance) and dollar amount below

Purpose	Dollar Amount
Total Loan Amount	

The land described above is presently being used as follows

Acres Cultivated
Acres of Prairie
Acres of Wasteland
Acres of Tame Grass
Acres of Farmstead
TOTAL ACRES

Annual Taxes (on land to be purchased/refinanced)
Estimated Market Value (of buildings)
Seller's Name
Purchase Price (if applicable)

Physical location of land to be secured for this loan

Name of County (in North Dakota)
Number of Miles (east/west) from nearest town
Number of Miles (north/south) from nearest town
Name of Nearest Town

List below any mortgages or liens against the property to be security for this loan (attach additional pages, if necessary)

Name of mortgage or lien holder	Amount of mortgage or lien

SECTION E: HEMP AND MARIJUANA RELATED BUSINESS ACTIVITIES

Will the land be used to grow hemp? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will loan proceeds be used for any marijuana related business activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the borrower or co-borrower have plans to use this account for any marijuana related business activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the borrower or co-borrower generate revenue from marijuana related business activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percentage?
I will notify BND immediately if this account will be used for any marijuana related business activities. <input type="checkbox"/> Yes	

PLEASE NOTE

If this loan application is approved, the loan commitment will be issued subject to the following provided to Bank of North Dakota at your own expense:

1. An appraisal to determine the value of the property to be offered as security. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.
2. An attorney's preliminary title opinion on the real estate to be offered as security for your loan.
3. An attorney's final title opinion which lists the Bank's mortgage as a first lien on the real estate.

In the event this loan is denied by Bank of North Dakota, you are entitled to an appeal. You may contact the Bank for a copy of the appeal procedure.

Complete information below for any individual(s) providing assistance with your application submission to BND

Farm Service Agency (FSA) Providing Financing <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide FSA County Office		
FSA Assistance Contact	Telephone Number	Email Address	
Referral Financial Institution/Agency Name	City	State	ZIP Code
Financial Institution/Agency Contact	Telephone Number	Email Address	

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Acknowledgment and Agreement

The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained in the application may be made at any time by the Lender, its agents, successors, and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the Lender, even if the loan is not approved; (2) the Lender, its agents, successors and assigns will rely on the information contained in the application and I/We have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/We have represented herein should change prior to closing; (3) in the event my/our payments on the loan indicated in this application become delinquent, the Lender, its agents, successors and assigns, may, in addition to all their other right and remedies, report my/our name(s) and account information to a credit reporting agency.

CERTIFICATION

I/We certify that the information provided in this application is true and correct as of this date and that I/We understand the conditions set forth in this application.

Applicant's Signature	Date
Joint Applicant's Signature	Date

Please email completed application to bndfarmre@nd.gov or mail to the address below. For questions, please call 701-328-5801.

Bank of North Dakota
1200 Memorial Highway
PO Box 5509
Bismarck, ND 58506-5509