

PROCEDURE REFERENCE : FmHA Instruction 1900-D  
PURPOSE : Used by FmHA officials to establish requirements for FmHA assistance to an employee, relative or associate.

UNITED STATES DEPARTMENT OF AGRICULTURE  
FARMERS HOME ADMINISTRATION

(Location) Date:

Subject: Requirements for FmHA assistance to an employee, relative or associate.

To: County Supervisor  
[District Director]  
[State Director]

I have reviewed the information you submitted about FmHA assistance to an FmHA employee, County Committee member, or closing agent, or a relative or associate under FmHA Instruction 1900-D.

\_\_\_ I have determined that normal processing/servicing authorities will be used. (or)

\_\_\_ I have designated the following processing/servicing officials for the indicated actions. Please notify the recipient and take the necessary action to effect the change.

Action:	Designated official:
Pre-application/application processing	_____
Property inspection/appraisal	_____
Docket preparation	_____
Approval	_____
Closing agent	_____
Supervised bank account: Bank Countersignature authority	_____ _____
Construction inspection	_____
Servicing	_____
Post closing review	_____

The case file is to be maintained at  
Processing/servicing office: State/County code: District:  
\_\_\_\_\_ - - - \_\_\_\_\_

Employee Relationship Code (ERLC):  
\_\_\_ 01 Employee                    \_\_\_ 02 Member of Family  
\_\_\_ 03 Close Relative            \_\_\_ 04 Associate

\_\_\_\_\_  
State Director  
[Administrator]  
(02-04-93) SPECIAL PN