PROCEDURE REFERENCE: FmHA Instruction 1900-D

PURPOSE: Used by FmHA officials to request a review of FmHA assistance to an employee, relative or associate.

UNITED STATES DEPARTMENT OF AGRICULTURE
FARMERS HOME ADMINISTRATION
(Location)

Date:

Subject: Request to review FmHA assistance to an employee, relative or associate.

To: State Director
[Administrator]

I have identified the following information about FmHA assistance to an FmHA employee, County Committee member or closing agent, or a relative or associate. Please determine the need for special handling and, if necessary, designate the appropriate FmHA processing/servicing officials under FmHA Instruction 1900-D.

Recipient name: ____________________________

Case number: ____________________________

Security property location: ____________________________

State/County code: District:

__________

Type of assistance: ____________________________

Amount Fund/Loan code:

$__________ _______

Status of assistance: __Pre-application _Application _In process _Active

Employee name: ____________________________

Title: ____________________________

Employee duty station: ____________________________

State/County code: District:

__________

Details of relationship/association:

__________________________________________

__________________________________________

__________________________________________

County Supervisor
[District Director]
[State Director]

(02-04-93) SPECIAL PN