

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