

### DEVELOPMENT BANK OF AMERICAN SAMOA

P.O. Box 9

Pago Pago, American Samoa 96799 Telephone: 684-633-4031/Fax: 684-633-0167 Website: www.dbas.org

# FARMERS SMALL LOAN

## **GUIDELINES**

## **Program Goal**

"The "Grow Your Farmers Market" Program is to assist local farmers with capital, necessary equipment and other farming necessities".

## **Program Objectives**

The "Grow Your Farmers Market" Small Loan Program aims to achieve the following objectives:

- To promote our locally grown produce and resources
- To target Farmers who cultivated lands for farming, aqua farming, planting & growing
- To provide Farmers financial assistance to improve crop productivity & enhance local resources value
- Encourage local farmers, producers and gardeners to improve agricultural development

# Eligible Projects

Existing Farms
Existing Plantation
Existing Gardens
Aquaponics
Hydroponics
Piggery

Chicken Farm

# Eligible Uses of Loan Funds

Working CapitalPurchase of equipmentImprovementsExpansion

#### Loan Terms and Conditions

• Max Loan Amount: \$3,000.00

• Term: 2 years (24 months)

Interest Rate: 3.00%Security/Collateral: Unsecured

• Application Fee: \$50.00 (non-refundable)

### Required Documents Needed:

- Two Notarized Letters of Witnesses confirming Applicant is a Farmer with a Farm
- All Sources of Income (Incomes if Employed by ASG or Private Sector OR Retired and receive SSI or VA Pension)
- 2 Recent Monthly Bank Statement
- Two valid forms of valid identification & SSN Card (Driver's License, Voter ID, Passport, Birth Certificate)
- Last 2 years tax returns if self-employed
- 3 most recent pay stubs

### Applicants must be US Citizens, Nationals or Permanent Residents



# DEVELOPMENT BANK OF AMERICAN SAMOA

Farmers Small Loan Application

Name:	Tax ID/SSN#:	Telephone:	Date:
Mailing Address:	Village:	County:	District:
Nature of Business:	No. Of Employees:	Established:	Current Mgt:
Amount Requested:	Purpose of Loan:		
	PRINCIPAL/GUARA	NTOD.	
Name:	% of Ownership	Title	
D ' /D 1 (1 1 '	BUSINESS REFERE		4.3
Business/Personal Checking:	Business/Personal Savi	ngs: Loan	(s):
Bank Name/Address:	Name of Contact:	Telep	phone:
	SIGNATURE/DA	ГЕ:	
By signing below, you each agree	to the following:		
	dge and belief, all answers to the sthe right to verify the accuracy of		<del>-</del>
1	authorized to check each person's	<b>1</b>	1.1
• The Development Bank is a	authorized to provide credit inform	mation concerning the appli	cants to others
Authorized Signature	<del></del>	Authorized Signature	
radionizou orginaturo	1	Tamonzoa Dignaturo	
Print Name & Title		Print Name & Title	
Social Security/Tax ID No. Date		Social Security/Tax ID No.	Date

Guarantor Signature	Guarantor Signature	
Print Name & Title	Print Name & Title	
Social Security/Tax ID No. Date	Social Security/Tax ID No.	Date