



DEVELOPMENT BANK OF AMERICAN SAMOA

P.O. Box 9, Pago Pago, American Samoa 96799

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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 land 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 | • Aquaponics | • Chicken Farm |
| • Existing Plantation | • Hydroponics | |
| • Existing Gardens | • Piggery | |

Eligible Uses of Loan Funds

- | | |
|-------------------------|----------------|
| • Working Capital | • Improvements |
| • Purchase of equipment | • Expansion |

Loan Terms and Conditions

- Max Loan Amount: \$3,000.00
- Term: 2 years (24 months)
- Interest Rate: 5.00%
- 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
- Valid business license

Applicants must be US Citizens, Nationals or Permanent Residents



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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/GUARANTOR:

Name: % of Ownership Title

BUSINESS REFERENCES:

Business/Personal Checking: Business/Personal Savings: Loan(s):

Bank Name/Address: Name of Contact: Telephone:

SIGNATURE/DATE:

By signing below, you each agree to the following:

- To the best of your knowledge and belief, all answers to the questions in this application are complete and true
- The Development Bank has the right to verify the accuracy of the information provided in this application
- The Development Bank is authorized to check each person's individual and/or business credit rating and
- The Development Bank is authorized to provide credit information concerning the applicants to others

Authorized Signature

Authorized Signature

Print Name & Title

Print Name & Title

Social Security/Tax ID No. Date

Social Security/Tax ID No. Date

Guarantor Signature

Print Name & Title

Social Security/Tax ID No. Date

Guarantor Signature

Print Name & Title

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