



4385 Fountain Hills Drive NE, Suite 201  
 Prior Lake, MN 55372  
 Phone 800-897-9825  
 Fax 952-358-3644

## Application to Sell Payments

Applicant Information (please print)	
Seller's Name: _____	Spouse Name: _____
Social Security #: _____	Social Security #: _____
Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Other Phone: _____ Fax: _____
Count (ies) CRP land is in: _____	
Entity Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corp. <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Other (explain): _____	
Ownership: _____	Land Owned: <input type="checkbox"/> Land Leased: <input type="checkbox"/>
For Partnerships, Corporations, LLP & LLC:	
President's Name: _____	Tax ID #: _____
President's (or person responsible for entity) social security number: _____	

CRP Payments Offered for Sale	
1. Annual payment amount offered for sale (total all contracts offered for sale)	\$ _____
2. Number of annual payments offered for sale (# of years)	_____
3. Total amount offered for sale (1 x 2)	\$ _____
Heartland quote applied for:	\$ _____

Additional Information	
Do you have government debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for selling: _____	
How did you hear about Heartland? _____	

Required Application Documents (please enclose, or include when faxing, with this application)
<input type="checkbox"/> This <b>Application</b> form, completed, signed (including spouse's signature) and dated
<input type="checkbox"/> <b>Current Financial Statement</b> , listing all debts and collateral, including CRP liens
<input type="checkbox"/> Copy of your two most current <b>tax returns, first few main pages is fine</b>
<input type="checkbox"/> Copy of each <b>lease</b> , if CRP land is leased
<input type="checkbox"/> Copy of each <b>deed</b> , if CRP land is owned
<input type="checkbox"/> Copy of most recent <b>County Real Estate Tax invoice</b> , or tax bill, for each CRP parcel
<input type="checkbox"/> Signed and dated " <b>Authorization to Make Inquiry of the USDA</b> " form

By signing below, I/we certify that all the information provided on this application and attached hereto is true and correct. I/we hereby authorize Heartland Capital Funding, Inc. to check on my/our credit and the status of my/our accounts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Please mail, or fax, completed application and required documents to address or fax number above.**