

NOTARIZED STATEMENT

I, _____, resident of _____ County, VA, was
(Name of quota holder or grower) (Name of County of residence)
the quota holder or producer for Farm# _____ in _____ County, VA.
(Farm#) (Name of county)

_____, resident of _____ County, VA is my
(Name of student/applicant) (County of residence)

_____ and should, therefore, be considered for the Tobacco Region
(Relationship)

Forgivable Loan Program.

(Signature of Quota Holder/Grower)

City/County of _____

Commonwealth of Virginia

The foregoing statement was acknowledged before me this _____ day of _____, 20_____

by _____.
(Name of quota holder/grower)

(Signature of Notary Public)

My commission expires: _____
(Date)