

<b>CCC-633 EZ</b> (05-21-19)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1. Name and Address of Producer (Include ZIP Code) (Please Print)
<b>LOAN DEFICIENCY PAYMENT (LDP) AGREEMENT AND REQUEST</b>		2. Telephone or Cell Number <i>(Include Area Code)</i>
All eligible producers entering into this agreement MUST meet marketing assistance loan eligibility and have beneficial interest in the quantities covered by this agreement for the applicable crop year when signing this form. A producer is considered to have beneficial interest in the specified quantities if the producer has ALL of the following: <ul style="list-style-type: none"> <li>• <u>Title to the commodity</u></li> <li>• <u>Control of the commodity</u></li> </ul>		3. Crop Year
4. State(s) and County(s)		

File this form **BEFORE** loss of beneficial interest (title and control) to indicate your intentions to receive Loan Deficiency Payment (LDP) benefits for this crop year for all counties and all eligible harvested, sheared, or slaughtered commodities for the individual, joint operation, or entity identified in Item 1. The CCC-633 EZ - LDP Request (Page 2), Cotton LDP Request (Page 3), or Request for Wool, Mohair, or Unshorn Pelt LDP (Page 4) must be completed **BEFORE** the final loan/LDP availability date to receive LDP benefits.

**PART A - TERMS AND CONDITIONS**

- The LDP rate will be based on the earlier of: a) the date beneficial interest is lost as applicable to specific commodity provisions; or b) the LDP request date as submitted on the CCC-633 EZ (Page 2) Part E, or CCC-633 EZ (Page 4) for wool, mohair, and unshorn pelts. For cotton LDP's requested on CCC-633 EZ Cotton (Page 3), the LDP rate will be based on the information provided on Page 3.
- Quantities covered by this agreement were produced by the producer and not purchased or acquired directly or indirectly from any other source or committed under a marketing agreement to a Cooperative Marketing Association (CMA).
- As a condition of receiving an LDP, a producer (or members of a CMA) must first resolve delinquent federal non-tax debt(s). The debt(s) must be resolved before the final loan/LDP availability date.
- CCC may request copies of contracts and supplemental documentation to determine eligible quantity and when beneficial interest was lost.
- If a Marketing Assistance Loan (MAL) is disbursed for a quantity covered by this agreement and the MAL is repaid at a price less than principal and interest, this agreement becomes null and void for that specific quantity.
- All producers with an interest in the quantity covered by this agreement must sign a CCC-633 EZ Part C, to obtain LDP benefits.

**PART B - METHODS OF PAYMENT REQUEST (Request must be submitted by final loan/LDP availability date.)**

- For quantities represented by verifiable production evidence under this agreement, submission of evidence in combination with Part E, Part N, or Part O of this form as applicable shall be considered a request for payment. Evidence must include sufficient data to determine producer and commodity eligibility and LDP rate.
- For quantities for which verifiable evidence is unavailable (i.e., certified quantities, fed quantities, quantities used for seed, silage, etc.), the request for payment shall be initiated by recording a certification of quantity on Part E, Part N, or Part O of this form as applicable. Additional information may be requested by CCC to determine producer and commodity eligibility and LDP rate.
- Submission of an eLDP shall be a request for payment. The CCC-633 EZ Part E is not required for that specific quantity.
- **For Cotton Producers Only:** Producer agrees: a) any request for a module lock-in or post-ginning LDP is irrevocable and cannot be cancelled or revised unless the LDP is denied due to AGI; b) any request for a gin-direct LDP is irrevocable on or after the date of ginning; c) entry of information on Page 3 of this application constitutes an irrevocable application for the Adjusted World Price (AWP) to be locked in on the date an accurately completed application is submitted for an LDP based on gin-provided documentation identifying the bales produced from the module/storage unit for which the AWP lock-in applies.

**PART C - PRODUCER SIGNATURE AND CERTIFICATION (For additional signatures, complete CCC-633 EZ Continuation, Part C)**

I/we certify all information entered on this form is true and correct. By certifying to the terms and conditions in Part A, the producer(s) hereby enters into this agreement with CCC for all eligible commodities. The producer(s) agrees: 1) any false claim or false statement may lead to civil liability or criminal prosecution; 2) LDP's may be selected for spot-check and the producer will be required to provide supplemental documents to determine program eligibility; 3) to forgo a commodity loan on the quantity requested for LDP unless a quantity is denied LDP due to payment limitation; 4) not to refund any LDP amount in order to obtain a commodity loan; 5) this agreement and subsequent payment request is subject to CCC determination of producer and commodity eligibility subject to 7 CFR Parts 1421, 1425, 1427 and 1434; 6) that CCC shall require refund of LDP, plus interest, from the date of payment if producer(s) and/or commodity is later determined ineligible by CCC; 7) CCC shall assess administrative penalties and/or liquidated damages in accordance with 7 CFR Parts 1421, 1425, 1427 or 1434, as applicable, if producer(s) misrepresented the eligible quantity and/or commodity covered by this agreement; 8) the maximum eligible quantity and yield determinations must equal the quantity and yield determinations for disaster or crop insurance indemnity payments, when and if applicable; and 9) to submit the applicable CCC-633 EZ, Page 2, Page 3, Page 4 or an eLDP online request before obtaining LDP amounts.

5A. Producer's Signature (BY)	5B. Title/Relationship <i>(Individual Signing in a representative capacity)</i>	5C. Date (MM-DD-YYYY)	6A. Producer's Signature (BY)	6B. Title/Relationship <i>(Individual Signing in a representative capacity)</i>	6C. Date (MM-DD-YYYY)
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**PART D - CCC AGREEMENT (FOR CCC USE ONLY)**

7. Signature of CCC Representative	9. Date (MM-DD-YYYY)	10. Additional Information	11. Name and Address of County FSA Office or LSA or DMA
8. Title of CCC Representative			

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1421, 7 CFR Part 1425, 7 CFR Part 1427, 7 CFR Part 1434, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246) as amended by the American Taxpayer Relief Act of 2012, and the Agriculture Improvement Act of 2018 (Pub. L. 113-79). The information will be used to determine eligibility for loan deficiency payment program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for loan deficiency payment program benefits.*

**Paperwork Reduction Act (PRA) Statement:** *The information collection is exempted from PRA as specified in 7 U.S.C. 9091(c)(2)(B). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.*

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

**PART E - REQUEST FOR LDP**

12. Contact Name and Address of Producer <i>(Include Zip Code) (Please Print)</i>	13. Telephone or Cell Number <i>(Include Area Code) (Optional)</i>	14. Crop Year	16. Are you or any co-applicant delinquent on any federal non-tax debt? If "YES", explain in Item 34.  <input type="checkbox"/> YES <input type="checkbox"/> NO
15. State and County where Farm Records are Maintained			

**A completed CCC-633 EZ, Page 1 must be on file before beneficial interest (title and control) is lost in the requested quantity for this to be considered a valid request for payment. This request for payment, with acceptable production evidence (if applicable), must be submitted to the County FSA office that administers the farm records for the requested commodity and quantity.**

Complete Items 18 through 22 and sign/date below. Indicate in Item 20 if this is a certified LDP, request for measurement service, or indicate production evidence is attached, as applicable. When beneficial interest has been lost, indicate date of sale, fed, used for seed, etc, as applicable, in Item 22. If additional entries are needed, provide data on an additional CCC-633 EZ, Page 2.

17. LDP No. (CCC Use Only)	18. Commodity Class, Variety, Type	*19 Net Quantity Requested and Unit of Measure <i>(bu., tons, cwt., lbs., etc.)</i>	20. Source of Quantity <i>(Check one of the following)</i>			21. Stored or Delivery Location, if applicable <i>(State, County, Warehouse, or Bin Site)</i>	22. Effective Date of LDP Rate <i>(MM-DD-YYYY)</i>		23. LDP Rate (CCC Use Only)
			A. Certified	*B. Measure- ment Service	C. Production Evidence		A. Date of LDP Request or Date Beneficial Interest Was Lost	B. Check to Request Date of Delivery	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Examples:</b> Warehouse-Stored: Ohio, Athens Co., ABC Warehouse Farm-Stored: Texas, Webb Co., 30' Butler Bin, North of House		<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

\* If measurement service is requested, I agree to pay the required fee(s) and agree this request is irrevocable. The quantity determined by measurement service will be the maximum quantity eligible at the time of this request. Producer must enter in Item 19, a specific quantity or "ALL" for this LDP application to be valid.

**PART F - PRODUCER CERTIFICATION (For additional signatures, complete CCC-633 EZ Continuation, Part F)**

**I certify all information entered on this form is true and correct. By completing Part E and signing and dating this form, I hereby make a request for payment from the Commodity Credit Corporation (CCC) for the commodity described above under the terms and conditions as provided on the CCC-633 EZ, Loan Deficiency Payment (LDP) Agreement and Request. I also understand that a CCC-633 EZ, Page 1 MUST be on file at the FSA County Office for this LDP request to be considered complete.**

24A. Producer's Signature <i>(By)</i>	24B. Title/Relationship <i>(Individual Signing in a Representative Capacity)</i>	25. Share %	26. Date <i>(MM-DD-YYYY)</i>	27A. Producer's Signature <i>(By)</i>	27B. Title/Relationship <i>(Individual Signing in a Representative Capacity)</i>	28. Share %	29. Date <i>(MM-DD-YYYY)</i>
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**PART G - CCC APPROVAL (FOR CCC USE ONLY)**

30. Signature of CCC Representative	31. Title of CCC Representative	32. Date <i>(MM-DD-YYYY)</i>	33. Action: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	34. Additional Information/Second Party Review
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**PART H - REQUEST FOR COTTON LDP**

35. Contact Name and Address of Producer <i>(Include Zip Code) (Please Print)</i>	36. Telephone or Cell Number <i>(Include Area Code) (Optional)</i>	37. Farm Number	38. Crop Year	39. Are you or any co-applicant delinquent on any federal non-tax debt? If "YES", explain in Item 56.  <input type="checkbox"/> YES <input type="checkbox"/> NO
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40. Producer Initials to verify LDP type and bale quantity	Type of LDP Requested	Must be Requested	Must have Beneficial Interest at Time of LDP Application?	The LDP Rate will be the rate in effect on the:	41. Quantity: <i>(Use Part K for file sequence number(s))</i>		
	Irrevocable Module Lock-In	After Harvest, Before Ginning	YES	Date an Accurately Completed Request is Submitted. ▶	Identified by gin as being produced from the module(s) listed in Part I and identified by bale list or file sequence number(s).		
	Gin-Direct	Before Date of Ginning	YES	Date of Ginning ▶	<b>GIN DIRECT ONLY:</b> For each farm number producer enters number of bales or "ALL" to be identified by bale list or file sequence number.		
A. FARM NO.					B. NO. BALES	A. FARM NO.	B. NO. BALES
	Irrevocable Post-Ginning	After Ginning	YES	Later of: 1) date of request or 2) date bale list submitted ▶	<b>C. Producer enters bale quantity (to be verified by bale list or file sequence number):</b>		
	Lost Beneficial Interest	After Ginning	NO	Date Beneficial Interest Lost ▶	<b>D. Producer enters bale quantity (to be verified by bale list or file sequence number):</b>		

**PART I - MODULE IDENTIFICATION OF SEED COTTON (Completed for Module Lock-In LDP Request)**

42. Gin Code:	43. Module Location at Farm or Gin:
44. Gin's Module/Trailer Number:	

**PART J - PRODUCER CERTIFICATION (For additional signatures, complete CCC-633 EZ Continuation, Part J)**

*I certify all information entered on this form is true and correct.*

45A. Producer's Signature (By)	45B. Title/Relationship <i>(Individual Signing in a Representative Capacity)</i>	46. Share %	47. Date <i>(MM-DD-YYYY)</i>	48A. Producer's Signature (By)	48B. Title/Relationship <i>(Individual Signing in a Representative Capacity)</i>	49. Share%	50. Date <i>(MM-DD-YYYY)</i>
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**PART K - INFORMATION FOR LDP REQUEST (Complete Upon Receipt of Bale Data Files) (FOR CCC USE ONLY)**

51. LDP Number	52. File Sequence Number(s)	53. Date File(s) Received <i>(MM-DD-YYYY)</i>	54. Bale Count
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**PART L - CCC APPROVAL (FOR CCC USE ONLY)**

55A. Signature of CCC Representative	55B. Title of CCC Representative	56. Date Request Submitted <i>(MM-DD-YYYY)</i>	57. Name and Address of FSA County Office or LSA	58. Additional Information/Second Party Review
59. Action: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		60. Date of Signature by CCC Representative <i>(MM-DD-YYYY)</i>	61. AWP on Applicable Date	

**PART M – REQUEST FOR WOOL, MOHAIR, OR UNSHORN PELT LDP**

62. Contact Name and Address of Producer <i>(Include Zip Code)</i> <i>(Please Print)</i>	63. Telephone or Cell Number <i>(Include Area Code)</i>	64. Crop Year	65. Are you or any co-applicant delinquent on any federal non-tax debt? If "YES", explain in Item 93.  <input type="checkbox"/> YES <input type="checkbox"/> NO
	66. State and County where Farm Records are Maintained		

A completed CCC-633 EZ (Page 1) must be on file for the crop year identified in Item 64 before beneficial interest (title and control) is lost in the requested quantity for this to be considered a valid request for payment. **This request for payment, with acceptable production evidence (if applicable), must be submitted to the County FSA office that administers the farm records for the requested commodity and quantity.**

Complete Items 68 through 73 for wool and mohair or Items 76 through 81 for unshorn lamb pelts and sign/date below. Indicate the source of quantity in Items 71 or 79 if this is a certified LDP, indicate for wool or mohair only if the quantity is in excess of the certified quantity, or indicate if production evidence is attached, as applicable. When beneficial interest has been lost, indicate date of sale, delivery, slaughter, etc., as applicable, as the effective date of LDP rate in Items 74 or 82. If additional entries are needed, provide data on an additional CCC-633 EZ, Page 4.

**PART N - COMPLETED FOR WOOL OR MOHAIR**

67. LDP No. (CCC Use Only)	68. Commodity		69. Type		70. Net Quantity (lbs.)	71. Source of Quantity (Check one of the following)			72. Stored Location (State, County, Warehouse, Farm Storage Location)	73. Effective Date of LDP Rate (Date of Request or Date Beneficial Interest was Lost) (MM-DD-YYYY)	74. LDP Rate (CCC Use Only)
						A. Certified	B. Production Evidence	C. Qty. in Excess of Certified Qty.			
	Mohair	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Wool	<input type="checkbox"/>	Graded <input type="checkbox"/>	Ungraded <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Mohair	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Wool	<input type="checkbox"/>	Graded <input type="checkbox"/>	Ungraded <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Mohair	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Wool	<input type="checkbox"/>	Graded <input type="checkbox"/>	Ungraded <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**PART O - COMPLETED FOR UNSHORN LAMB PELTS**

75. LDP No. (CCC Use Only)	76. Number of Unshorn Lamb Pelts Requested	77. Use				78. Stored Location (If applicable) (State, County, Warehouse, Farm Storage Location)	79. Source of Quantity (Check one of the following)		80. Current Herd/ Flock Size	81. Effective Date of LDP Rate (Date of Request or Date Beneficial Interest was Lost) (MM-DD-YYYY)	82. LDP Rate (CCC Use Only)
		A. Immediate Slaughter	B. Slaughter for Personal Use	C. Preserved and Stored	D. Sold as Feeders to Lamb Buyer		A. Certified	B. Production Evidence			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			

**PART P - PRODUCER CERTIFICATION (For additional signatures, complete CCC-633 EZ Continuation, Part P)**

I certify all information entered on this form is true and correct and that the commodity was owned/retained for at least 30 days before the date of shearing or slaughter for unshorn lambs. By completing Part N for wool and mohair or Part O for unshorn lamb pelts and signing and dating this form, I hereby make a request for a payment from Commodity Credit Corporation (CCC) for the commodity described above under the terms and conditions as provided on the CCC-633 EZ, Loan Deficiency Payment (LDP) Agreement and Request. I also understand that a CCC-633 EZ, Page 1 MUST be on file at the FSA County Office for this LDP request to be considered complete.

83A. Producer's Signature (By)	83B. Title/Relationship <i>(Individual Signing in a Representative Capacity)</i>	84. Share %	85. Date (MM-DD-YYYY)	86A. Producer's Signature (By)	86B. Title/Relationship <i>(Individual Signing in a Representative Capacity)</i>	87. Share%	88. Date (MM-DD-YYYY)
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**PART Q - CCC APPROVAL (FOR CCC USE ONLY)**

89A. Signature of CCC Representative	89B. Title of CCC Representative	90. Date (MM-DD-YYYY)	91. Action: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	92. Is the quantity for this LDP reasonable? <input type="checkbox"/> YES <input type="checkbox"/> NO	93. Additional Information/Second Party Review
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CCC-633 EZ Continuation  
(05-21-19)

U.S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation

**CONTINUATION SHEET FOR LOAN DEFICIENCY (LDP) PAYMENT AGREEMENT AND REQUEST**  
(Use with CCC-633 EZ Pages 1, 2, 3, or 4)

Attach to Form CCC-633 EZ, Page No: \_\_\_\_\_

Enter a Check by the Appropriate Part to Indicate which Section this Form Applies.

**PART C - PRODUCER CERTIFICATION (CCC-633 EZ Page 1) (Continuation)**

5A. Producer's Signature (By)	5B. Title/Relationship (Individual Signing in a representative capacity)	5C. Date (MM-DD-YYYY)	5A. Producer's Signature (By)	5B. Title/Relationship (Individual Signing in a representative capacity)	5C. Date (MM-DD-YYYY)

**PART F - PRODUCER CERTIFICATION (CCC-633 EZ Page 2) (Continuation for LDP Request)**

24A. Producer's Signature (By)	24B. Title/Relationship (Individual Signing in a representative capacity)	25. Share %	26. Date (MM-DD-YYYY)	24A. Producer's Signature (By)	24B. Title/Relationship (Individual Signing in a representative capacity)	25. Share %	26. Date (MM-DD-YYYY)

**PART J - PRODUCER CERTIFICATION (CCC-633 EZ Page 3) (Continuation for Cotton LDP Request)**

45A. Producer's Signature (By)	45B. Title/Relationship (Individual Signing in a representative capacity)	46. Share %	47. Date (MM-DD-YYYY)	45A. Producer's Signature (By)	45B. Title/Relationship (Individual Signing in a representative capacity)	46. Share %	47. Date (MM-DD-YYYY)

**PART P - PRODUCER CERTIFICATION (CCC-633 EZ Page 4) (Continuation for Wool, Mohair, or Unshorn Pelt LDP Request)**

83A. Producer's Signature (By)	83B. Title/Relationship (Individual Signing in a representative capacity)	84. Share %	85. Date (MM-DD-YYYY)	83A. Producer's Signature (By)	83B. Title/Relationship (Individual Signing in a representative capacity)	84. Share %	85. Date (MM-DD-YYYY)