

<b>CCC-555</b> (02-23-26)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>FARMER BRIDGE ASSISTANCE (FBA) PROGRAM APPLICATION</b>	<b>FOR COUNTY OFFICE USE ONLY</b>	
	1. Recording State <i>Name Code</i>	2. Recording County <i>Name Code</i>
	Colorado 08	Weld 123
	3. Program Year 2025	4. Application Number 1403381
	5A. Recording County FSA Office Name and Address	
5B. Recording County Phone Number	5C. Recording County Fax Number	

**PART A – APPLICANT INFORMATION**

6. Applicant's Name <i>(Person or Legal Entity)</i> STEVEN JACK WINTER			
7A. Address Line 1 9370 COUNTY ROAD 70		8A. Primary Phone Number <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell (970) 231-5854	
7B. Address Line 2		8B. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
7C. City WINDSOR	7D. State CO	7E. Zip 80550-3102	9. Email Address steve@sjwfarms.com

**PART B – APPLICANT ELIGIBLE COMMODITIES AND ACRES**

10. COMMODITY	11. 2025 ELIGIBLE PLANTED ACRES	12. OTHER ADJUSTMENT	13. COC ADJUSTMENT
CORN	156.4000		

DATE STAMP

Applicant's Name: STEVEN JACK WINTER

**PART C – APPLICANT CERTIFICATION**

14. I certify that if applying as an individual, that I am a citizen of the United States or a resident alien. If applying as a legal entity, including corporation, LLC, LP, trust, estate, general partnership, joint venture, or similar type entity, the entity is organized under State Law, and all members are a United States Citizen or resident alien. If applying as an Indian tribe or tribal organization, the tribe meets the definition according to the terms as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)

Yes  No

The undersigned certifies and acknowledges that the applicable acreage on this form is accurate and represents only the applicant's share interest of the crop acreage of the applicable commodity. I hereby sign and acknowledge under penalty of perjury in accordance with 28 U.S.C. § 1746 and 18 U.S.C. § 1621 that the foregoing is true and correct.

15. Applicant's Signature	16. Title/Relationship of Representative	17. Date (MM/DD/YYYY)
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**PART D – COUNTY COMMITTEE (COC) DETERMINATION**

18. COC or Designee Signature	19. Title/Relationship of Representative	20. Date (MM/DD/YYYY)	21. Determination <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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**Privacy Act Statement:** 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 Section 5 of the CCC Charter Act (15 U.S.C. 714c). The information will be used to determine eligibility to participate in and receive benefits under the Farmer's Bridge Assistance Program. 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 to participate in and receive benefits under the Farmer's Bridge Assistance Program.

**Public Burden Statement (Paperwork Reduction Act):** According to the Paperwork Reduction Act requirement, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0503-0028. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: [askusda@usda.gov](mailto:askusda@usda.gov) (OMB NO. 0503-0028).

Applicant's Name: STEVEN JACK WINTER

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