

**Harvest of Hope Fund**  
Madison Christian Community  
7118 Old Sauk Road  
Madison, WI 53717  
Phone: (608) 836-4633  
FAX: (608) 836-7658



## FINANCIAL PLANNING STATEMENT

Applicant's name \_\_\_\_\_

To be considered for a Harvest of Hope gift, the applicant must be receiving financial planning and management assistance from one of the three advisors listed below. The intent of this condition is to assure that the farm family is making maximum use of available resource persons who are trained to help improve their short and long range financial situation. This form verifies that the farm family is working with one of the three advisors listed below:

- County UW-Extension Agent
  - Technical College Farm Training Specialist
  - Farm Credit Advisor, Wisconsin Department of Agriculture, Trade and Consumer Protection (call the Farmer's Assistance Hotline at 1-800-942-2474 and ask for the advisor nearest you or best suited to help you.)
- .....

The following information is to be completed by the advisor:

Name of advisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Agency \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Please comment on three things: 1) your relationship with the farm family; 2) the current farm/family situation; and 3) their plans for improving their situation in the future:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that financial and management assistance is being provided to the Harvest of Hope applicant named above.

Advisor's signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE ATTACH THIS CERTIFICATION TO THE HARVEST OF HOPE APPLICATION AND MAIL OR FAX IT TO THE ADDRESS OR NUMBER AT THE TOP OF THIS PAGE.