

<p>This form is available electronically.</p> <p>FSA-441-17 (12-15-04)</p> <p>U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency</p> <p style="text-align: center;">CERTIFICATION OF OBLIGATION TO LANDLORD</p>	<p>Position 1</p>	<p>Form Approved - OMB No. 0560-0162</p> <p>1. County FSA Office Name and Address (Including Zip Code)</p>
--	-------------------	--

NOTE: *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a); the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, as amended (7 USC 1921 et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chaff or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.*

According to the Paperwork Reduction to the Paperwork Reduction Act of 1995, 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 0560-0162. The time required to complete this information collection is estimated to average 30 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

- I, the undersigned, hereby certify as follows:
 2. My landlord(s) is listed below:

A. Name of Landlord(s)	B. Address of Landlord(s)	C. Lease Year Ending

3. I am not now indebted to the landlord(s) listed above for any purpose other than for rent for the lease year shown above.
 4. During said lease year I will not incur any obligations to my landlord(s) for any purpose other than for rent for the lease year if a Farm Service Agency loan is made to me.

5A. Name of Applicant	5B. Signature of Applicant	5C. Date (MM-DD-YYYY)
-----------------------	----------------------------	-----------------------

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

This form is used by the applicant to certify that he/she will have no obligation to the landlord other than the lease payment.

(SEE REVERSE)

- PROCEDURE FOR PREPARATION : FSA Transferred Instructions 1941-A and 1941-B.
- PREPARED BY : Applicant.
- NUMBER OF COPIES : Original and one copy.
- SIGNATURE REQUIRED : Applicant.
- DISTRIBUTION OF COPIES : Original to applicant's case file; copy to applicant.

INSTRUCTIONS FOR PREPARATION

Applicant must complete Items 2A through 5C.

Item 1 completed by FSA.

Field Name / Item No.	Instruction
1 County FSA Office Name and Address	Enter the name and address (Including Zip Code) of the County FSA office.
2A Name of Landlord(s)	Enter the name of each landlord in a separate box.
2B Address of Landlord(s)	Enter the address of each landlord entered in Item 2A.
2C Lease Year Ending	Enter the year that the lease ends for each landlord entered in Item 2A.
3 and 4 Read Statements	The applicant must read statements in Items 3 and 4 before signing.
5A Name of Applicant	Enter the name of the applicant.
5B Signature of Applicant	Enter the signature of the applicant.
5C Date of Applicant's	Enter the date the applicant signs the certification.