

FSA-441-13
(02-18-04)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

DIVISION OF INCOME AND NONDISTURBANCE AGREEMENT

1. FSA COUNTY OFFICE NAME AND ADDRESS <i>(Including ZIP Code)</i>	2. APPLICANT'S NAME AND ADDRESS <i>(Including ZIP Code)</i>
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The above named applicant has applied to the Farm Service Agency (FSA) for a loan. If this loan is granted, and in consideration for FSA making the loan, the undersigned creditor, by its duly authorized representative agrees as follows:

3. NONDISTURBANCE

Creditor will forego any collection action against the applicant or applicant's property, regardless of whether the creditor holds a lien against such property, until _____
(Month, Day, Year)

FSA and creditor will review the applicant's progress annually. If, as a result of these reviews, FSA and the creditor mutually agree that the applicant has no reasonable financial prospect, they will terminate this agreement.

Except as to future advances made by creditor, creditor reserves the right to renew or extend any existing lien upon applicant's property without affecting its present priority position.

4. DIVISION OF INCOME

Creditor agrees that despite its liens, FSA shall receive, for the duration of any loan it makes pursuant to this agreement, income from the applicant's normal sales of livestock and crops and their products and proceeds.

A. DATE (MM-DD-YYYY)	B. AMOUNT	C. SOURCE OF FUNDS
	\$	
	\$	
	\$	
	\$	

5A. CREDITOR'S NAME AND ADDRESS *(Including ZIP Code)*

5B. CREDITOR'S TITLE

6A. SIGNATURE OF CREDITOR	6B. DATE (MM-DD-YYYY)
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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 chattel 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 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 15 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.

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