Form Approved - OMB No. 0560-XXXX

See Page 2 for Privacy Act and Public Burden Statements.

FSA-2361 (Proposal 6)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency			Position 1		
LENDER SUBORDINATION AGREEMENT						
(1)				_		
(Lender) is the owner and						
(Borrower) of (3) County, State			County, State of	(4)		
		:				
(5) Instrument Title	(6) Instrument Date	(7) Date Filed	(8) Office Filed	(9) Document File No.		
AND the United States o (Government) has agreed		•	nt of Agriculture, Farm e Borrower for the follo	• •		

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THEREFORE, in consideration of the Government's agreement to make such loan to the Borrower, the Lender (a) consents to the borrower obtaining the loan from the Government for such purposes; and (b) agrees to and does subordinate in favor of the Government its liens and security interests created or evidenced by the above-described instruments insofar as they cover the following described property and provided the Government perfects a lien on that property (12):

(Question for OGC: Do we need to include provision similar to number 3 from FSA-460-2?)

IN WITNESS WHEREOF, the lender has executed (13)	ection this subordination agreement by signing	g OII
(14) Name of Lender's Representative	(15) Title	
(16) Signature		

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, 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 of 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 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-XXXX. 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.** 

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