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FSA-2248 (Formerly FSA1980-44) (Proposal 1)

U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency

Position 2

	Tann Service Agency		
GUARANTEED FARM	LOAN DEFAULT ST	ATUS REPORT	
LENDERS: COMPLETE ALL ITEMS.			
1. BORROWER ID NUMBER (SSN or IRS TAX ID NO.)	2. BORROWER N	ME	
3. LENDER IDENTIFICATION NUMBER (IRS TAX ID NO.)	4. LENDER BRANG	CHNUMBER	
5. LENDER NAME	6. LENDER LOAN	NUMBER	
7. AGENCY LOAN NUMBER	8. DATE LOAN BE	CAME DELINQUENT	
9. UNPAID PRINCIPAL ON LOAN \$	10. UNPAID INTER \$	EST ACCRUED	
	•		
11. TOTAL AMOUNT PAST DUE \$	12. AS OF DATE		
13. DELINQUENT CODE: (Enter appropriate co	de)		
01 = DELINQUENT-DISPOSITION FORTHCOMING 02 = BORROWER WILL PAY DELINQUENT AMOUNT 03 = NOT VALID FOR THIS PROGRAM 04 = FORCED LIQUIDATION PENDING 05 = VOLUNTARY LIQUIDATION PENDING. ESTIMATED LOSS CLAIM 07 = VOLUNTARY LIQUIDATION PENDING. ESTIMATED LOSS CLAIM 07 = VOLUNTARY LIQUIDATION PENDING. ESTIMATED LOSS CLAIM 08 = TEMPORARY LOAN BY LENDER TO BRING ACCOUNT CURR 09 = BORROWER RESTRUCTURING PENDING Note: If code 1-2, 4-7, or 14-15 is entered, bimonthly defa	11 = RESCHEDUL 12 = DEFERRAL (13 = LOAN REINS 14 = BANKRUPTC FILED 15 = BANKRUPTC AIM FILED. 16 = BANKRUPTC ENT 17 = BANKRUPTC RATE REDU BANKRUPTC		ENT AS FEREST
further default status reports are required unless th	e borrower returns to defaul	status at a future date.)	
14. INTEREST ASSISTANCE (IA) HAS BEEN CONSIDERED AN	ND:		
A. Has been ruled out as an option to correct the d	lefault.		
B. An agency determination of IA eligibility is being	requested in conjunction w	th the attached proposal to reschedule the	e debt.
15. COMMENTS ON MOST RECENT ACTION TAKEN, RESULT COPIES OF CORRESPONDENCE, OR ADDITIONAL DOCU			ILES,
16A. LENDER'S AUTHORIZED SIGNATURE	6B. TITLE	16C. DATE	
NOTE: The following statements are made in accordance with the Privacy Act of 19. Act, (7 USC 1921 et seq., or other Acts, and the regulations promulgated the FSA to determine eligibility for credit or other financial assistance, service yo Agriculture agencies, the Department of the Treasury, the Department of Jus Development, the Department of Labor, the United States Postal Service, or interested parties under the Freedom of Information Act (FOIA), to financial or servicing contractors, to credit reporting agencies, to private attorneys und sell them for commission, to Members of Congress or Congressional staff m disclose certain items of information requested, including your Social Security	reunder, to solicit the information requeste ur guarantee and conduct statistical analy stice or other law enforcement agencies, th other Federal, State, or local agencies as zonsultants, advisors, lending institutions, jer contract with FSA or the Department o embers, or to courts or adjudicative bodies	d on its application forms. The information requested is necess ses. Supplied information may be furnished to other Department e Department of Defense, the Department of Housing and Urb required or permitted by law. In addition, information may be re packagers, agents, and private or commercial credit sources, to Justice, to business firms in the trade area that buy chattel or Disclosure of the information requested is voluntary. However	sary for nt of an eferred to o collectior crops or
According to the Paperwork Reduction Act of 1995, an agency may not cond OMB control number. The valid OMB control number for this information coll per response, including the time for reviewing instructions searching existing information. RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA C	ection is 0560-0155. The time required to data sources, gathering and maintaining to FFICE.	complete this information collection is estimated to average 20 n he data needed, and completing and reviewing the collection of	minutes f
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INSTRUCTIONS FOR PREPARATION

Function of form:	To inform FSA of the status of borrowers in default. The form is required every 60 days for all borrowers in default to keep FSA informed of the current status. A separate report is required for each defaulted guaranteed loan; however, if the borrower is in default on multiple loans, the items that differ may be completed for the additional reports and attached to the completed form.
Procedure for Preparation:	FSA Handbook 2-FLP.
Prepared by:	Lender.
Distribution of Copies:	Original to FSA Servicing Office. Copy retained by Lender

- Item 1. Enter the borrower's Social Security or Internal Revenue Service Tax Identification Number.
- Item 2. Enter the borrower's Name abbreviate when necessary.
- Item 3. Enter the lender's Internal Revenue Service Tax Identification Number.
- Item 4. Enter the FSA assigned lender branch number.
- Item 5. Enter the lender's name abbreviate when necessary.
- Item 6. Enter the lender's assigned loan number.
- Item 7. Enter the FSA assigned Loan Number.
- Item 8. Enter the date the loan became delinquent.
- Item 9. Enter the current unpaid principal balance on the loan as of the date shown in Item 12.
- Item 10. Enter the accrued interest on the loan as of the date shown in Item 12.
- Item 11. Enter the total amount past due on the loan as of the date shown in Item 12.
- Item 12. Enter the current reporting date of this default status report.
- Item 13. Enter the applicable code that reflects the current status of the borrower's loan account. (If code 1-2, 4-7, or 14-15 is entered, bimonthly default status reports must be prepared. If 8, 11-13, or 16-17 is entered, no further default status reports are required unless the borrower returns to default status at a future date.)
- Item 14. Check appropriate block.
- Item 15. Complete this section to explain action to correct default and provide status updates.
- Item 16A. Enter the lender's authorized signature.
- Item 16B. Enter the title of the lender.
- Item 16C. Enter the date the lender signed this form.