

(See Page 2 for Privacy Act and Public Burden Statements)

FSA-2060
(12.31.7)**U.S. DEPARTMENT OF AGRICULTURE**
Farm Service Agency

Position 5

APPLICATION FOR PARTIAL RELEASE, SUBORDINATION, OR CONSENT**PART A – BORROWER REQUEST**

1. The undersigned (a) _____

("Borrower") in accordance with the terms of the security instruments now held by the United States, acting through U.S. Department of Agriculture, Farm Service Agency (called "Government") on the property, apply for:

(b) ☐ release,(c) ☐ subordination (d) _____

_____. I agree that none of the funds obtained as a result of the subordination will be used for a purpose that will contribute to excessive erosion of highly erodible land or to the conversion of wetlands to produce an agricultural commodity as explained in 7 C.F.R., part 1940, subpart G, Exhibit M;

(e) ☐ consent to (f), _____.

2. Description of Property:

3. Name of lienholder, approximate amount of each lien, including FSA in the order of lien priority:

(a) Name of lienholder	(b) Approximate amount of lien	(c) Lien priority
	\$	
	\$	
	\$	
	\$	

4. The use to be made of the property covered by this application:

5. The anticipated proceeds or benefits from this transaction are:

6. Additional considerations:

7. Borrower proposes to use the proceeds as follows:

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its program and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotope, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of Discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

8. Have you, or any entity members if applicable, ever been: (If "Yes", provide details in Item 9)		YES	NO
(a) Convicted under any Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the previous 5 crop years? (See the Food Security Act of 1985, Pub. Law. 99-198)		☐	☐
(b) Determined ineligible for Federal benefits based on a conviction for the distribution of controlled substances or any offense involving the possession of a controlled substance under 21 U.S.C. 862?		☐	☐
(c) Determined ineligible for Federal benefits based on Federal Crop Insurance Corporation fraud? (See 7 U.S.C. 1515)		☐	☐
9. Explanations for any "YES", answers to Item 8.			
10. I understand that unless FSA executes a separate written instrument for subordination or partial release, FSA's approval of this application will merely constitute and evidence FSA's consent, as lienholder, to the proposed transaction without in any way subordinating its liens, releasing any of its security, modifying the payment terms of my loans, or otherwise affect any FSA rights. If this application is approved, I agree to comply with such terms as may be set by FSA and to dispose of the proceeds as required by FSA. The statements and representations made above are made in connection with the request for a change in the loan security and/or the release of USDA-provided funds. The making of any false statement or misrepresentations herein may be a crime punishable under the Title 18 U.S.C., §1001. I certify that the statements made are true, complete, and correct to the best of my knowledge and belief.			
11A. Signature		11B. Date	
12A. Signature		12B. Date	
13A. Signature		13B. Date	
14A. Signature		14B. Date	
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 0560-0236. 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.			

PART B – FSA APPROVAL

1. Recommendation for approval or denial of the request and comments:

2(a) Initial Payment

- (1) \$ _____ to prior liens
- (2) \$ _____ to extra payment on FSA loan
- (3) \$ _____ to regular payment on FSA loan
- (4) \$ _____ Other (specify): _____
- (5) \$ _____ to borrower

2(b) Subsequent Payments

- (1) \$ _____ or _____ % to prior liens
% to extra payment of FSA
- (2) \$ _____ or _____ % to regular payment
- (3) \$ _____ or _____
- (4) \$ _____ Other (specify): _____
- (5) \$ _____ or _____ % to borrower

3. I hereby:

- (a) ☐ recommend this application for approval.
- (b) ☐ do NOT recommend this application be approved.

(c) Recommending Official Name

(d) Title

(e) Signature

(f) Date

4. I hereby:

- (a) ☐ approve this application.
- (b) ☐ do NOT approve this application.
- (c) Reason for denial of the request:

(d) Approving Official Name

(e) Title

(f) Signature

(g) Date

