

**FSA-2489**  
(09-03-10)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 2

**ASSUMPTION AGREEMENT**

**PART A - GENERAL**

1. Full Case Number of Assuming Party (ST/CO/9 digits SSN/TIN)

- - 0

2A. Type of Loan

- OL    FO    EM    EE    SW    CL  
 Regular    Limited Resource    Non-Program

2B. Type of Security

- Real Estate    Chattels

3A. Transferee Eligibility

- (1) Eligible - Same rates and terms  
 (2) Eligible - New rates and terms  
 (3) Ineligible transferee

3B. Amount of Transfer

- (1) Transfer for full amount of debt  
 (2) Transfer for less than full amount of debt

3C. Release of Liability

- (1) Transferor released from personal liability  
 (2) Transferor not released from personal liability

**PART B - AGREEMENT**

4. **THIS AGREEMENT** dated (a) \_\_\_\_\_ is between the United States Department of Agriculture, acting through the Farm Service Agency ("Government,") and (b) \_\_\_\_\_

("assuming parties"), whose address is (c) \_\_\_\_\_

5. **BECAUSE** Government is the holder of loans evidenced by certain debt instruments executed by the present debtor (a) \_\_\_\_\_, case number (b) \_\_\_\_\_, and identified as follows in Item 6.

6. DEBT INSTRUMENT DATA

(a) Fund Code and Loan Number	(b) Date Executed	(c) Original Amount	(d) Unpaid Balance		(e) Interest Rate
			(1) Principal	(2) Interest	

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs 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, political beliefs, genetic information, 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, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).*

*To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.*

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

7. **BECAUSE** in connection with such loans the following-described security instruments were taken on property described therein and located in (a) \_\_\_\_\_  
 County, State of (b) \_\_\_\_\_, and identified as follows in Item 8.

8. SECURITY INSTRUMENT DATA				
(a) Instrument	(b) Date Executed	(c) Office Where Recorded or Filed	(d) Book, Volume, or Document	(e) Page

9. **THEREFORE**, in consideration of the assumption of indebtedness as herein provided, and the Government's consent to such assumption and to any accompanying conveyance or transfer of security property to the assuming parties, it is agreed as follows:

The assuming parties hereby jointly and severally assume liability for and agree to pay to the order of the Government, the amounts, and on the dates specified in the following checked block:

A.  **THE SUM OF** (1) \_\_\_\_\_  
 dollars (2) (\$) \_\_\_\_\_), plus **INTEREST** on the **UNPAID PRINCIPAL** at the rate of (3) \_\_\_\_\_ **PERCENT**, (4) ( \_\_\_\_\_ %) **PER ANNUM**, in (5) \_\_\_\_\_ installments due and payable as follows in Item 9C.

B.  Of the entire unpaid indebtedness under said debt and security instruments, **THE SUM OF** (1) \_\_\_\_\_  
 dollars (2) (\$) \_\_\_\_\_) principal, with **INTEREST** thereon at the rate of (3) \_\_\_\_\_ **PERCENT**, (4) \_\_\_\_\_ % **PER ANNUM** from the date hereof, plus (5) \_\_\_\_\_  
 dollars (6) (\$) \_\_\_\_\_) accrued interest as of the date hereof, without interest thereon, which accrued interest is included in the first installment written below in Item 9C.

C. The principal and interest shall be due and payable as follows:

(1) Installment Amount	(2) Due Date	(1) Installment Amount	(2) Due Date

and (3) \$ \_\_\_\_\_ thereafter on (4) \_\_\_\_\_ of each (5) \_\_\_\_\_ until the indebtedness hereby assumed is paid except that the final installment of the entire indebtedness evidenced hereby, if not sooner, shall be due and payable on or before

\_\_\_\_\_ ; (7) \_\_\_\_\_ years from the date of the original loan being assumed; or,  
 (6) \_\_\_\_\_  
 \_\_\_\_\_ ; (9) \_\_\_\_\_ years from the date of this assumption.  
 (8) \_\_\_\_\_

Prepayments of scheduled installments, or any portion of these installments, may be made at any time at the option of the borrower. Refunds and extra payments shall, after payment of interest, be applied to the last installments to become due under this note and shall not affect the obligation of the borrower to pay the remaining installments as scheduled in this assumption agreement.

10. Payments shall be applied in accordance with FSA regulations.

11. If this assumption evidences a limited resource loan, Government may **CHANGE THE RATE OF INTEREST** in accordance with the regulations of the Government by giving the borrower thirty (30) days prior written notice at the borrower's last known address.

12. The provisions of said debt security instruments, and of any outstanding agreements executed or assumed by the present debtors pertinent thereto, shall except as modified herein, remain in full force and effect, and the assuming parties hereby assume the obligations of and agree to be bound by and to comply with all covenants, agreements and conditions contained in said instruments and agreements, except as modified herein, the same as if they had executed them as of the dates thereof as principal obligors. Any provisions of the debt and security instruments which require (a) that the borrower live on and operate the Government financed farm or (b) graduate to other sources of credit, will not apply to assumptions by an ineligible transferee.

13. This agreement shall be subject to the present regulations of the Government and its future regulations which are not inconsistent with the express provisions hereof.

**PART C - SIGNATURES**

14A. Signature	14B. Date
15A. Signature	15B. Date
16A. Signature	16B. Date
17A. Signature	17B. Date

**FSA USE ONLY**

18A. Agency Official's Name	18B. Title
18C. Signature	18D. Date

**NOTE:** *The following is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

*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 20 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.*