

FSA-2060
(08-03-16)

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, applies 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 provided in 7 CFR Part 12, or will adversely affect compliance with any of the environmental requirements of 7 CFR Part 799;
 (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:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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)	<input type="checkbox"/>	<input type="checkbox"/>
(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?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Determined ineligible for Federal benefits based on Federal Crop Insurance Corporation fraud? (See 7 U.S.C. 1515)	<input type="checkbox"/>	<input type="checkbox"/>

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 statement 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 7 CFR Part 764, 7 CFR Part 765, the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine borrower eligibility for the requested FSA Farm Loan Programs action. The information collected on this form may be disclosed to other Federal, State, 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 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 of the requested FSA Farm Loan Programs action.*

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 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 loan
- (2) \$ _____ or _____ % to regular payment of FSA loan
- (3) \$ _____ or _____ % to regular payment of FSA loan
- (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