

FSA-2351
(12-31-07)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 5

CERTIFICATION OF IMPROVEMENT OF PROPERTY

1. I _____ certify that:

2. No construction, work of improvement, repair or remodeling has been started or completed on the property and no materials have been delivered nor services have been performed in connection with construction, work of improvement, repair or remodeling on the property within the last (a) _____ months, except (b):

3. If any construction, work of improvement, repair, or remodeling was started or completed, or services in connection with the construction, work of improvement, repair or remodeling were delivered to or performed on the property in the period specified in (2)(a), all costs, charges and expenses incurred for the work or services have been paid in full, except:

4. No claims or demands for payments have been made upon me as owner by any subcontractor or material supplier in connection with any alleged construction, work of improvement, repair or remodeling.

5. Signature

6. 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 the 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 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 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 0560-0237. The time required to complete this information collection is estimated to average 10 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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