

Instructions For FSA 2591

Lease of Real Property

This form serves as the lease agreement between the Farm Service Agency as lessor, and lessee of inventory property.

The original of the form is included in the inventory property case file in the FSA servicing office, and a copy is given to the lessee.

Part A, items 1-6 are for FSA use only.

Fld Name /Item No.	Instruction
1 Lessee's Name	Insert the complete name of the lessee in the space provided.
2 Lessee's Social Security or Tax Identificati on Number	Enter the social security number of the lessee if an individual, or the tax identification number if an entity.
3 Lessee's Address	Enter the complete address of the lessee, including the zip code.
4 Effective Date of Lease	Enter the starting date of the lease.
5 Date Lease Ends	Enter the date the lease ends.
6 Amount of Lease	Enter the total amount of the lease.

Part B Item 1 - is for FSA use only.

Fld Name /Item No.	Instruction
1(a) Location	Enter the address of the leased property if available, a legal description, or approximate location of property if legal description is lengthy, and no street address is available.
1(b) County	Enter the name of the county where the leased property is located.
1© State	Enter the name of the state where the leased property is located.

Part B Items 24-25 are completed by the lessee.

Fld Name /Item No.	Instruction
24 Lessee's Signature	If you are mailing or faxing this form print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA Servicing office.
25 Date	Enter the date you are signing the form.

Part B Items 26-29 are for FSA use only.

Fld Name /Item No.	Instruction
26 Name of Authorize d Agency Official	Type or print the official name used by the Authorized Agency Official.

Fld Name /Item No.	Instruction
27 Title of Authorized Agency Official	Type or print the working title of the Authorized Agency Official.
28 Signature	The Authorized Agency Official will enter his/her signature in the box.
29 Date	The Authorized Agency Official will insert the date he/she signs the form.

Part C is for FSA use only.

Fld Name /Item No.	Instruction
Special Stipulations	Enter in narrative form any special stipulations that are to become a part of this lease and which are not covered in the items above. For instance, the due date of payments to be made on the lease could be spelled out in this area.

Part D is for FSA use only.

Fld Name /Item No.	Instruction						
1 Lease Type Code	Enter the number from the following list that applies to the lease: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">01 - Lump Sum Buyback</td> <td style="width: 50%;">32 - Crop Percentage Farm</td> </tr> <tr> <td>02 - Crop Percentage</td> <td>33 - Monthly FBB</td> </tr> <tr> <td>03 - Monthly FBB</td> <td>34 - Periodic Payments</td> </tr> </table>	01 - Lump Sum Buyback	32 - Crop Percentage Farm	02 - Crop Percentage	33 - Monthly FBB	03 - Monthly FBB	34 - Periodic Payments
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