Form Approved – OMB No. 0560-0237 Expiration Date: 12/31/2025

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

U. S. DEPARTMENT OF AGRICULTURE

**FSA-2044** (12-31-07)

Farm Service Agency

Position 5

## ASSIGNMENT OF INCOME FROM REAL ESTATE SECURITY

## PART A - AGREEMENT

	dollars (b) (\$)
made to (c)	, (Borrower);
of (d)	County, State of (e)
	the FSA's making the loan or permitting the Borrower to execute the lease or, the Borrower sells, assigns, transfers, and conveys to the FSA percent (b) ( %) of any and all
*	ts, delay monies, damages, and other income which may now be or later become
owing to the Borrower under the t	terms of this instrument, which is described as follows:
(c) Instrument Title:	
<ul><li>(c) Instrument Title:</li><li>(d) Date of Instrument</li></ul>	t:
\ /	t:
(d) Date of Instrument	
<ul><li>(d) Date of Instrument</li><li>(e) Name of Parties:</li><li>(f) Recording Information</li></ul>	
<ul><li>(d) Date of Instrument</li><li>(e) Name of Parties:</li><li>(f) Recording Information</li></ul>	ation, if any:

or of any renewal or extension of the instrument or of any other lease or agreement supplementary to it which may be entered into between the Borrower and the Lessee or other interested party (third party). The Borrower covenants that the Borrower has made no other assignment or encumbrance of such income.

3. The third party, heirs, executors, administrators FSA the above listed percentage of all sums now oby checks payable to:				
the Farm Service Agency, for the account of (b)  Agency, to be remitted to FSA at (c)	of (a)		and the Farm Service	
or to such other person as may be designated in w FSA of the termination of this assignment.	riting by FSA, unti	il notified in writing by		
4. This assignment shall terminate when the above however, that the third party shall not be liable to have made after the Borrower's indebtedness was payment, written notice from the FSA that the Borrower.	the Borrower for a paid in full, unless	ny payment to FSA which the third is the third party received, prior to an	party may	
5. FSA assumes no responsibility under any of the agreements between the Borrower and the third particles.		instrument described above, or of	any other	
6. Each amount received by the FSA under this as FSA in effect when such amount is received.	ssignment shall be	used in accordance with the regula	tions of the	
7. IN WITNESS WHEREOF, the Borrower has s	igned and sealed th	his assignment on	·	
8A. Borrower's Name	8B. Signature		8C. Date	
9A. Borrower's Name	9B. Signature		9C. Date	
10A. Borrower's Name	10B. Signature		10C. Date	
11A. Borrower's Name	11B. Signature		11C. Date	
PART B – THIRD PARTY ACKNOWLEDGM  The undersigned third party recognizes the foregoincome in the manner and amount specified in thi	oing assignment, ar	nd agrees to remit to FSA the percen	ntage of	
. Name and Address of Third Party		2 . Authorized Officer of Third Party Name andTitle		
3 . Date	4	. Signature		
OTE: The following statements are made in accordance with the Privacy Act of '7 USC 1921 et sea.), and the regulations promulgated thereunder, to sol				

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OTE: 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, (7 USC 1921 et seq.), and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for financial assistance and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Department of 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 chattle 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 this form 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 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 LOCAL FSA OFFICE.

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PART C – RELEASE OF MORTGAGE INTEREST					
The FSA's interest in the property described in this and the FSA shall have no interest in such property					
2A. Authorized Agency Official Name	2B. Signature		2C.Title		