

FSA-2061
(08-31-23)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 5

APPLICATION FOR PARTIAL RELEASE 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) consent to,

2. Description of Property:

3. Name of lienholder, approximate amount of each lien, including FSA in the order of lien priority:

(a) Name of lien holder	(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. Complete Application for Partial Release or Consent	YES	NO
(a) Copy of proposed contract or agreement	<input type="checkbox"/>	<input type="checkbox"/>
(b) Copy of environmental assessment for proposed release or consent, if available (<i>This will not replace FSA's environmental assessment, but may be helpful as documentation</i>)	<input type="checkbox"/>	<input type="checkbox"/>
(c) Copy of survey, if needed, with legal description for partial release or consent	<input type="checkbox"/>	<input type="checkbox"/>
(d) Documentation required for operational review		
(1) Actual financial performance for the past year (<i>a copy of your last year's tax return or last year's income and expense records are acceptable</i>)	<input type="checkbox"/>	<input type="checkbox"/>
(2) Current balance sheet	<input type="checkbox"/>	<input type="checkbox"/>
(3) Projected income/expense for next year (<i>a copy of your current year's is also acceptable</i>)	<input type="checkbox"/>	<input type="checkbox"/>
(4) Annual crop and livestock production yields	<input type="checkbox"/>	<input type="checkbox"/>
(5) Review and update, if needed, of assessment (<i>copy attached</i>). Please pencil in comments or changes	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you, or any members of an entity, if applicable, ever been:		
(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? (<i>See the Food Security Act of 1985, Pub. Law. 99-198</i>)	<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? (<i>See 7 U.S.C. 1515</i>)	<input type="checkbox"/>	<input type="checkbox"/>
10. Explanation for any "YES" answers to Item 9:		
11. ECOA - RIGHT TO RECEIVE APPRAISAL: As part of the assistance provided by FSA, an appraisal report or written real estate valuation may be required to determine the value of the property you intend to pledge or have pledged as security. If FSA orders an appraisal or completes a written real estate valuation, you will receive a copy at no cost. You will receive a copy at least three business days prior to the closing of your loan or servicing action. On occasion, the three-day waiting period could cause a delay in closing the loan or servicing action. If you so choose, you have a right to waive this waiting period and a copy will be provided to you no later than the time of loan closing or servicing action.		
12. I understand that unless FSA executes a separate written instrument for 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 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 18 U.S.C., § 1001. I certify that the statements made are true, complete, and correct to the best of my knowledge and belief.		
13A. Signature	13B. Date	
14A. Signature	14B. Date	
15A. Signature	15B. 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/denial of the request and comments:	Borrower:	

2(a). Initial Payment			2(b). Subsequent Payment				
(1)		to prior liens	(1)		or		% to prior liens
(2)		to extra payment on FSA loan	(2)		or		% to extra payment of FSA loan
(3)		to regular payment on FSA loan	(3)		or		% to regular payment of FSA loan
(4)		other (specify):	(4)		or	other (specify):	
(5)		to borrower	(5)		or		% to borrower

3. I hereby:

(a) recommend this application for approval <input type="checkbox"/>	(b) do NOT recommend this application be approved <input type="checkbox"/>
(c) Recommending Official Name	(d) Recommending Official Title
(e) Signature	(f) Date

4. I hereby:

(a) approve this application <input type="checkbox"/>	(b) do NOT approve this application <input type="checkbox"/>
(c) Reason for denial of the request	
(d) Approving Official Name	(e) Approving Official Title
(f) Signature	(g) Date