

**FSA-2518**  
(proposal 5)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 4

**ACCEPTANCE OF PRIMARY LOAN SERVICING**  
FOR BORROWERS WHO RECEIVED  
FORM FSA-2510 OR FSA-2514 AND APPLIED FOR SERVICING

**TO: Farm Service Agency**  
**[FSA Office Name/Address]**  
**[Office Address]**  
**[City, State, Zip Code]**

I have received and read your offer to restructure my Farm Service Agency (FSA) Farm Loan Programs (FLP) debt.  
*[Insert the applicable paragraphs: first paragraph, one of two options; second paragraph, only if applicable]*

1. I accept FSA's offer of primary loan servicing. I understand that I must accept FSA's offer within 45 days of receiving Form FSA-2517 or FSA will move toward acceleration of my loans and liquidation of my security.

OR

1. I accept FSA's offer of primary loan servicing with a non-writedown servicing offer and waive my right to a potential writedown. I understand that I must accept FSA's offer within 45 days of receiving Form FSA-2517 or FSA will move toward acceleration of my loans and liquidation of my security

2. I wish to request appraisal(s) be completed to determine the amount of debt writedown which may be available to me. I understand that I must request the appraisals within 45 days of receiving Form FSA-2517 or FSA will move toward acceleration of my loans and liquidation of my security

OR

1. I accept FSA's offer of primary loan servicing as follows. I understand I must accept FSA's offer within 45 days of receiving form FSA-2517 or FSA will move toward acceleration of my loans and liquidation of my security.

I want FSA to restructure my debt:

A. **With** a write down giving me a higher cash flow margin than without a write down.

B. **Without** a write down giving me a lower cash flow margin than if I would take the write down.

2. I intend to pay FSA the net recovery value of any nonessential assets that FSA has said I own. I understand that I must pay the net recovery value of the nonessential assets within 45 days of receiving form FSA-2517.(End of optional paragraphs)

*Note: This form must be signed by all parties (entity and individual) that executed the promissory note(s) or assumption agreement(s) and have not previously been released of liability for the debt. All parties may either sign one form or duplicates of the form, but all must sign.*

3A. Borrower's Name	3B. Signature	3C. Date
4A. Borrower's Name	4B. Signature	4C. Date
5A. Borrower's Name	5B. Signature	5C. Date
6A. Borrower's Name	6B. Signature	6C. Date

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and 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 the 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 for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

**Public Burden Statement (Paperwork Reduction Act):** *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 0560-0233. 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.*

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