

**FSA-2520**  
(11-16-22)

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

**ACCEPTANCE OF PRIMARY LOAN SERVICING**  
FOR BORROWERS WHO RECEIVED  
FORM FSA-2512 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.

I understand that I must accept FSA's offer within 45 days of receiving Form FSA-2519. This is **not** my final notice of loan servicing options. If I do not accept this offer and my account becomes 90 days past due, or I am found to be in default on my loan agreements before the restructure is completed, I will be notified of all the loan servicing options again in the future.

*[Insert the applicable paragraph from below: and paragraph 1, (NRV) only if applicable. All instructions highlighted in yellow must be deleted before sending to borrower.]*

I accept the terms and conditions of Primary Loan Servicing.

OR use with feasible plan with cash flow margin of less than 110% and appraisals are not completed

I accept FSA's offer of primary loan servicing with a non-write-down servicing offer and waive my right to a potential write-down.

I accept FSA's offer to complete new collateral appraisal(s) in order to determine the amount of debt write-down available. I understand that I must request the appraisals within 45 days of receiving Form FSA-2519 to accept this offer.

OR use with feasible plan with or without write-down and appraisals are completed

I accept FSA's offer of primary loan servicing as follows:

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 with a write-down.

1. I intend to pay FSA the net recovery value of any nonessential assets that FSA has determined I own. I understand that I must pay the net recovery value of the nonessential assets within 45 days of receiving form FSA-2519.

(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.

2A. Borrower's Name	2B. Signature	2C. Date (MM-DD-YYYY)
3A. Borrower's Name	3B. Signature	3C. Date (MM-DD-YYYY)
4A. Borrower's Name	4B. Signature	4C. Date (MM-DD-YYYY)
5A. Borrower's Name	5B. Signature	5C. Date (MM-DD-YYYY)
<p><b>NOTE:</b> 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.</p> <p><b>Public Burden Statement (Paperwork Reduction Act):</b> 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. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>		

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, 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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.