

Request for Nonsubstantive Change
OMB Control Number: 0560-0155
July 14, 2025

Title of Clearance: Guarantee Loan Report of Loss

Agency Form Number affected by Change Worksheet: FSA-2254

Other Changes: This form is used by FSA Guaranteed Lenders to report a loss on a FSA Guaranteed loan and provide details of the loss based on loan information. The time required to complete this information collection is estimated to average 25 hours 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.

No changes are being made to the specific fields on the FSA-2254 or to the existing instructions for completing the FSA-2254. The lender completes the form and certifies to the completeness. The only changes are updates to add a certification and acknowledgement language associated with the submission of the form.

There is no change to the burden hours since the previous information collection request. The additions associated with this change do not require an additional information collection from the lender completing the form.

FSA has reviewed Form FSA-2254 and determined that the form requires the addition of a certification and acknowledgment section to the form certified by the lender when submitted. FSA requests approval for the nonsubstantive change as this change does not affect the response time or require additional information to be collected.

Change 1: Addition of certification and acknowledgement section.

Current:


Prior Lien/Liquidation Expenses:		Amount Due Lender or FSA:	
30. Liquidation Cost	\$	46. Amount Due Lender (Items 43+44+45)	\$
31. Prior Liens	\$	47. Amount Paid on Estimated Loss	\$
32. Unpaid Taxes, Assessments, Ground Rents	\$	48. Balance Due Lender (Items 46-47) (If positive)	\$
33. Total Prior Liens/Liquidation Exp. (Items 30+31+32)	\$	49. Amount of Overpayment (Items 46 - 47) (If negative)	\$
34. Net Collateral (Items 29-33) (If negative, enter 0.00)	\$	50. Interest on Overpayment	\$
		51. Amount due FSA by Lender (Items 49+50)	\$
		52. Additional Interest Indicator (For FSA Use Only)	YES <input type="checkbox"/> NO <input type="checkbox"/>
		53. Principal Portion of Loss Claim (For FSA Use Only)	\$
PART C -SIGNATURE			
54. Lender Representative Signature		55. Name of Lender	56. Date
PART D - FSA USE ONLY			
57. FSA Review Official Signature		58. FSA, SED Signature	59. Date Approved

Change:

PART C – LENDER SIGNATURE**LENDER CERTIFICATION AND ACKNOWLEDGEMENT**

By signing the 2254, the lender representative hereby certifies and acknowledges the following:

1. The principal balance, emergency advances, and protective advances included in this claim are all authorized according to 7 CFR 762.121, 7 CFR 762.146(a), and 7 CFR 762.149(e).
2. No unauthorized charges such as late fees, default interest, packager fees, outside consultant fees, etc. are included in this claim, according to 7 CFR 762.124(f)(2), 7 CFR 762.149(d)(3), and 7 CFR 762.149(i)(8).
3. For Type 01 estimated loss claims, the collateral proceeds are based on either actual sale values, appraised values, or are greater than appraised values. If an appraisal has not yet been obtained, values are conservatively based on lender's best estimate.
4. For Type 01 estimated loss claims, lender acknowledges that FSA will review all supporting documentation and make reductions, if necessary, at the time the Type 02 final loss claim is submitted, according to 7 CFR 762.149(i).
5. For Type 01 estimated loss claims, lender acknowledges that if the Type 02 final loss claim is less than the estimated loss claim, the lender will reimburse FSA for the overpayment, plus interest at the note rate from the date the lender received the estimated loss claim payment to the date the Type 02 final loss claim is submitted, according to 7 CFR 762.149(i)(10).

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PART D - FSA USE ONLY		
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