

FSA-2351-TX

(XX-XX-25)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

Position 5

AFFIDAVIT REGARDING IMPROVEMENTS ON PROPERTY

STATE OF TEXAS

COUNTY OF _____)

1. I, _____, being first duly sworn according to law do depose and say:
2. THAT I am the owner of the land described in the Loan Policy Commitment, No. (a) _____, issued by (b) _____ dated (c) _____ and being located in (d) _____ County, Texas, which I am (selling) (mortgaging) to _____ ;
3. THAT there has been no material furnished or labor performed in respect to the repairing, alteration, remodeling, or constructing of improvements of any kind upon the land within the past four months which have not been paid for in full;
4. THAT there are no financing statements, security agreements, chattel mortgages, conditional sales contracts, or outstanding debts of any nature against any of the fixtures on said land;
5. THAT there is no one in possession of any part of said lands other than myself nor have I heard of anyone claiming a right to possession or ownership of said premises or any portion thereof.
6. THAT the above statements are made for the purpose of inducing the above-named title insurance company to issue its policy of title insurance with no exceptions as to mechanics' or materialmen's liens or exceptions as to rights or claims of parties in possession, which statements shall be construed as contractual as distinguished from mere recitals and without which it is understood said company would not assume such liability.
7. Dated this (a) _____ day of (b) _____, (c) _____ .

Name (Signature)

Name (Typed or Printed)

Sworn to and subscribed before me this (a) _____ day of (b) _____, (c) _____ .
(SEAL)

Notary Public, State of Texas

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.

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 10 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.**

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, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 <https://www.usda.gov/oasr/how-to-file-a-program-discrimination-complaint> 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, Mail Stop 9410, 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.