Form Approved – OMB No. 0560-0237
OMB Expiration Date XX/XX/XXXX
(See Page 4 for Privacy Act and Public Burden Statements.)

FSA-2350
(XX-XX-XX)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 5

LOAN CLOSING INSTRUCTIONS

PART A - GENERAL

1. Name and Address	2. FSA Office

3. Reference is made to FSA-2343, "Transmittal of Title Information" dated *(a)* _____
for *(b)* _____

Notify the Farm Service Agency (FSA) of the date loan closing can occur and any loan funds intended for this transaction will be forwarded. Loan funds must be handled according to 7 CFR 764, subpart J and other instructions enclosed.

4. Notify the applicant of all loan closing requirements and arrange for closing not later than _____ business days from the date the loan funds are made available to you. If the loan is not closed by that date, the loan funds will be returned to FSA.

5. FSA's requirements regarding any exception in the Preliminary Title Opinion or Title Insurance Binder No. *(a)* _____
dated *(b)* _____ are as follows:

(c) No. _____ must be removed.
(d) No. _____ must be subordinated to FSA's lien which will be created at loan closing.
(e) No. _____ may remain ahead of FSA's lien which will be created at loan closing.
(f) No. _____ must be changed as follows:

6. The requirements checked below must be met at or before loan closing:

(a) ☐ Income under exceptions No. *(1)* _____ to be assigned to FSA on form *(2)* _____ .
(b) ☐ Verify balances secured by liens referred to in the following exceptions:

No. *(1)* _____ must not exceed *(2)* **$** _____ at loan closing.
No. (3) _____ must not exceed *(4)* **$** _____ at loan closing.

(c) ☐ Applicant to provide paid in full receipt for a one-year standard fire and extended coverage insurance policy or binder.
(d) ☐ Other *(1)* _____ .

7. Loan funds in the amount of *(a)* $ _____ are required by FSA to be deposited in escrow with you and will be disbursed as follows:

Pay *(b)* **$** _____ to *(c)* _____
Pay *(d)* **$** _____ to *(e)* _____
Pay *(f)* **$** _____ to *(g)* _____
Pay *(h)* **$** _____ for applicant's share of closing costs.

NOTE: You, as the closing agent, are responsible for informing the loan applicant of any personal funds and/or documents required at loan closing.

8. The following instruments and forms must be completed and, if applicable, executed at, or before, loan closing. All forms are to be executed or conformed as required by FSA. After loan closing, return the items listed below, with this form, to FSA.

(a) Form Number	*(b)* Form Name	*(c)* Original	*(d)* No. of Copies	(e) No. Signed	*(f)* No. to FSA
FSA-2140	Deposit Agreement				
FSA-2026	Promissory Note				
FSA-2489	Assumption Agreement				
FSA-2029M	Real Estate Mortgage				
FSA-2029D	Deed of Trust				
FSA-2351	Certification of Improvement of Property				
FSA-2319	Agreement with Prior Lienholder				
FSA-2352	Final Title Opinion				
	Title Insurance Policy				
FSA-2027	Supplemental Payment Agreement				
	Itemized Accounting of Funds Disbursement				
FSA-2044	Assignment of Income from Real Estate Security				

9. Additional instructions:

10. A copy of this Loan Closing Statement signed by you, the executed promissory note, and all other executed documents required for loan closing must be returned to FSA within one day after the loan is closed, except as soon as possible after closing you must provide FSA with the final policy of title insurance and, if applicable, the real estate mortgage or deed of trust.

11A. Name	11B. Title
11C. Signature	11D. Date

PART B – LOAN CLOSING STATEMENT

1. I certify that the subject loan was closed on _____ in accordance with 7 CFR 764, subpart J, and other written directions received from FSA. Enclosed are the properly executed forms in connection with loan closing.

2A. Name	2B. Title
2C. Signature	2D. Date

PART C – FSA USE ONLY

1. I have examined the loan closing documents and determined that the loan was properly closed in accordance with instructions provided.

1A. Name	1B. Signature	1C. Date

Privacy Act Statement: *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 applicant/borrower ability to participate in and receive benefits under an FSA Loan Program. 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 determination that the applicant/borrower is unable to participate in and receive benefits under an FSA Loan Program.*

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 0560-0237. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov.* ***RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE****.*

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