Form Approved – OMB No. 0560-0237
OMB Expiration Date XX/XX/XXXX
(See Page 3 for Privacy Act and Public Burden Statements.)

FSA-2360
(XX-XX-XX)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

REPORT OF LIEN SEARCH

PART A – APPLICANT INFORMATION

1A. Applicant's Full Legal Name 1B. Known as:	2. Address *(Including Zip Code)*
3. County of Residence	4. Records Searched for *(County or State)*

5. Types of Lien and Period of Search (Check Appropriate Boxes):

☐ A. Financing Statement (or other instruments filed as such) _____ years

☐ B. Chattel Mortgages _____ years (Deeds of Trust, Bills of Sale securing debt)

☐ C. Crop Mortgages _____ years

☐ D. Conditional Sale Contract (Title retained) _____ years

☐ E. Personal Property Tax _____ years

☐ F. Other (Specify) _____ _____ years

☐ G. State Tax liens _____ years

☐ H. Federal Tax Liens (Eleven years and one month)

☐ I. Attachments _____ years

☐ J. Judgments _____ years

☐ K. Executions _____ years

6. Name of Agency Official:	7. Date

PART B – LIEN SEARCH

1. COMPLETED BY SEARCHER

A. Type of Lien	B. Date Filed	C. File/Book Page No.	D. Amount	E. Due Date	F. To Whom Given	G. Description of Property
			$			
			$			
			$			
			$			
			$			
			$			

I have made the searches checked above and have listed all liens, or instruments not charged, or terminated, affecting the personal property or fixtures of the above-named person.

2. Name	3. Title	
4. Signature	5. Date	6. Hour ☐ AM ☐ PM

7. CONTINUATION OF LIEN SEARCH (from the date and hour given in Part B, Items 5 and 6, to date and hour given below)

A. Type of Lien	B. Date Filed	C. File/Book Page No.	D. Amount	E. Due Date	F. To Whom Given	G. Description of Property
			$			
			$			
			$			
			$			
			$			
			$			

I have made the searches checked above and have listed all liens, or instruments not charged, or terminated, affecting the personal property or fixtures of the above-named person.

8. Name	9. Title	
10. Signature	11. Date	12. Hour ☐ AM ☐ PM

13. CONTINUATION OF LIEN SEARCH (from the date and hour given in Part B, Items 5 and 6, to date and hour given below)

A. Type of Lien	B. Date Filed	C. File/Book Page No.	D. Amount	E. Due Date	F. To Whom Given	G. Description of Property
			$			
			$			
			$			
			$			
			$			
			$			

I have made the searches checked above and have listed all liens, or instruments not charged, or terminated, affecting the personal property or fixtures of the above-named person.

2. Name	3. Title	
4. Signature	5. Date	6. Hour ☐ AM ☐ PM

19. Remarks

20. For FSA Use Only. Return complete report and any lien or other instrument submitted herewith to the following address:

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 Purden 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 COUNTY FSA OFFICE.***

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at https://www.usda.gov/oascr/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.

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