Form Approved – OMB No. 0560-0237
OMB Expiration Date: XX/XX/XXXX
(See page 2 for Privacy Act and Public Burden Statements)

FSA-2351-TX **U.S. DEPARTMENT OF AGRICULTURE** Position 5
(XX-XX-XX) Farm Service Agency

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

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 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. 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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