Form Approved - OMB No. 0560-0155
OMB Expiration Date: 11/30/2026

FSA-2254
(Proposal 1)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

GUARANTEED LOAN REPORT OF LOSS

PART A - BORROWER INFORMATION

1. Borrower's Name	2. FSA ID Number	
3. State/County Code *(For FSA Use Only)*	4. Agency Loan Number	
5. Report Type Code	6. Loan Type	
7. Interest Rate	8A. Lender's Identification Number	8B. Lender's Branch Number
9. Lender's Routing Number	10. Lender's Account Number	
11. Lender's Account Type	12. Payment Type Code *(For FSA Use Only)*	
13. Payment Date *(For FSA Use Only)*	14. Date of Deposit *(For FSA Use Only)*	
15. Date of Settlement	16. Original Loan Amount $	
17. Original Date of Loan	18. Percent of Guaranteed Portion Held by Lender %	

PART B - LOAN INFORMATION

Guaranteed Loan Items:		**Adjustments:**	
19. Principal Balance	$	35. Funds Being Held	$
20. Accrued Interest Owed	$	36. Income to be Applied to Debt	$
21. Emergency Advances	$	37. Borrower's Debt Payment Ability-Present Value	$
22. Total Guaranteed Loan Items *(Items 19+20+21)*	$	38. Other Deductions	$
Protective Advances/Legal Expenses:		39. Total Adjustments *(Items 35+36+37+38)*	$
23. Principal Balance on Protective Advances	$	**Loss Guaranteed:**	
24. Accrued Interest on Protective Advances	$	40. Basic Loss *(Items [(22+25+26)-34]-39)*	$
25. Total Protective Advances *(Items 23+24)*	$	41. Percent of Loss Guarantee	%
26. Legal Expenses	$	42. Maximum Loss *(Items 40x41)*	$
Collateral:		**Adjustments to Protective Advances & Interest:**	
27. Collateral/Proceeds	$	43. Total Protective Advance Payment *(Items 25x41)*	$
28. Value of Personal and Corporate Guarantee	$	44. Legal Expenses Payment *(Items 26x41)*	$
29. Total Collateral *(Items 27+28)*	$	45. Remaining Balance Loss Guarantee *(Items [42-(43+44)]x18)*	$
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 ☐ NO ☐
		53. Principal Portion of Loss Claim *(For FSA Use Only)*	$

PART C – 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).

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

60. Comments

Privacy Act Statement: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 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.

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