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

FSA-2044 KS	**U. S. DEPARTMENT OF AGRICULTURE**	Position 5
(XX-XX-XX)	Farm Service Agency	

ASSIGNMENT OF INCOME FROM REAL ESTATE SECURITY

PART A - AGREEMENT

1. The United States, acting through the U.S. Department of Agriculture, Farm Service Agency (FSA), is the holder of a loan in the sum of *(a)* _____ _____ dollars *(b)* ($) _____ , made to *(c)* _____ , (Borrower); of *(d)* _____ County, State of *(e)* _____ .

2. Therefore, in consideration of the FSA's making the loan or permitting the Borrower to execute the lease or other instrument described below, the Borrower sells, assigns, transfers, and conveys to the FSA *(a)* _____ percent *(b)* (_____ %) of any and all rents, royalties, bonuses, payments, delay monies, damages, and other income which may now be or later become owing to the Borrower under the terms of this instrument, which is described as follows:

(c) Instrument Title:
(d) Date of Instrument:
(e) Name of Parties:
(f) Recording Information, if any:

The instrument described above indicates an interest in the following described property situated in the State of *(g)* _____ , County or Counties of *(h)* _____ ; more particularly described as follows:

(i)

or of any renewal or extension of the instrument or of any other lease or agreement supplementary to it which may be entered into between the Borrower and the Lessee or other interested party (third party). The Borrower covenants that the Borrower has made no other assignment or encumbrance of such income.

3. The third party, heirs, executors, administrators, successors, and assigns of the third party are directed to pay to FSA the above listed percentage of all sums now owing or to become owing to the Borrower under the instruments by checks payable to:

☐ the Farm Service Agency, for the account of *(a)* _____ .
☐ *(b)* _____ and the Farm Service Agency, to be remitted to FSA at *(c)* _____

_____

or to such other person as may be designated in writing by FSA, until notified in writing by FSA of the termination of this assignment.

4. This assignment shall terminate when the above listed indebtedness of the Borrower is paid in full, provided however, that the third party shall not be liable to the Borrower for any payment to FSA which the third party may have made after the Borrower's indebtedness was paid in full, unless the third party received, prior to any such payment, written notice from the FSA that the Borrower's indebtedness has been paid in full.

5. FSA assumes no responsibility under any of the provisions of the instrument described above, or of any other agreements between the Borrower and the third party.

6. Each amount received by the FSA under this assignment shall be used in accordance with the regulations of the FSA in effect when such amount is received.

7. IN WITNESS WHEREOF, the Borrower has signed and sealed this assignment on _____ .

8A. Borrower's Name	8B. Signature	8C. Date

ACKNOWLEDGMENT

PART B – THIRD PARTY ACKNOWLEDGMENT

The undersigned third party recognizes the foregoing assignment, and agrees to remit to FSA the percentage of income in the manner and amount specified in this assignment.

1. Name and Address of Third Party	2. Authorized Officer of Third Party Name and Title
3. Date	4. Signature

ACKNOWLEDGMENT

STATE OF

COUNTY OF

This instrument was acknowledged before me on the _____ day of _____ , _____
by _____, as _____ of _____

My appointment expires:

_____ _____

NOTARY PUBLIC

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 20 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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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/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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