

**FSA-2350**  
(02-03-16)

**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) \_\_\_\_\_ .

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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 [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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 Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.



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
----------	---------------	----------

**NOTE:** 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 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

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. **RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE.**