

<b>FSA-2241</b> (proposal 1)  <b>GUARANTEED FARM LOAN STATUS REPORT</b>  As of (1) _____	USDA-FSA	(2) Borrower ID Number	(3) Borrower Name	(7) Please Submit the original of this report within 30 days to
	(4) Lender ID Number	(5) Lender Branch Number		
	(6) <b>Lender Name</b>			

(8) Lender Loan Number (9) Date of Loan (10) Loan Amount (11) Date of Last Update	Agency Loan Number (12)	Loan Type (13)	Unpaid Principal (14)	Unpaid Interest (15)	Lender Interest Rate Guaranteed (16)	Lender Interest Rate Nonguaranteed (17)	Amount Advanced During the Current Reporting Period (18)	Date of Last Advance (19)	Terminate Guar (Y/N) (20)	Loan Sold (Y/N) (21)	Payment Status Code A-Borr Ahead of Schedule B-Borr Behind Schedule C-Borr Current Amount Ahead/Behind (22)
(8)			(14)	(15)	(16)	(17)	(18)	(19)			(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)			(29)
(8)			(14)	(15)	(16)	(17)	(18)	(19)			(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)			(29)
(8)			(14)	(15)	(16)	(17)	(18)	(19)			(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)			(29)
(8)			(14)	(15)	(16)	(17)	(18)	(19)			(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)			(29)
(8)			(14)	(15)	(16)	(17)	(18)	(19)			(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)			(29)
(8)			(14)	(15)	(16)	(17)	(18)	(19)			(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)			(29)

(33) Authorized Lender Signature	(34) Title	(35) Date	(36) LENDER NAME AND ADDRESS CHANGES - Enter here:
----------------------------------	------------	-----------	--

**SHOULD WE USE FLP PRIVACY/BURDEN STATEMENT OR KEEP THIS ONE**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR 1980. The information will be used to monitor the Agency's Guaranteed loan portfolio. Furnishing the requested information is mandatory. Failure to furnish the requested information may result in loss of lender eligibility. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 051, 1001, 15 USC 714m, and 31 USC 714m, and 31 USC 3729, 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 0560-0155. 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**NOTE:** *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, (7 USC 1921 et seq), and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for financial assistance, service your loan, and conduct statistical analyses. Supplied information maybe furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of this form or its rejection.*

*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 0560-0155. The time required to complete this information collection is estimated to average 2 hours 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.***