

## Instructions For FSA 2591

### *Lease of Real Property*

This form serves as the lease agreement between the Farm Service Agency as lessor, and lessee of inventory property.

The original of the form is included in the inventory property case file in the FSA servicing office, and a copy is given to the lessee.

*Part A, items 1-6 are for FSA use only.*

<b>Fld Name /Item No.</b>	<b>Instruction</b>
1 Lessee's Name	Insert the complete name of the lessee in the space provided.
2 Lessee's Social Security or Tax Identification Number	Enter the social security number of the lessee if an individual, or the tax identification number if an entity.
3 Lessee's Address	Enter the complete address of the lessee, including the zip code.
4 Effective Date of Lease	Enter the starting date of the lease.
5 Date Lease Ends	Enter the date the lease ends.
6 Amount of Lease	Enter the total amount of the lease.

**Part B Item 1 - is for FSA use only.**

<b>Fld Name /Item No.</b>	<b>Instruction</b>
1(a) Location	Enter the address of the leased property if available, a legal description, or approximate location of property if legal description in lengthy, and no street address is available.
1(b) County	Enter the name of the county where the leased property is located.
1© State	Enter the name of the state where the leased property is located.

**Part B Items 24-25 are completed by the lessee.**

<b>Fld Name /Item No.</b>	<b>Instruction</b>
24 Lessee's Signature	If you are mailing or faxing this form print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA Servicing office.
25 Date	Enter the date you are signing the form.

**Part B Items 26-29 are for FSA use only.**

<b>Fld Name /Item No.</b>	<b>Instruction</b>
26 Name of Authorize d Agency	Type or print the official name used by the Authorized Agency Official.

<b>Fld Name /Item No.</b>	<b>Instruction</b>
Official	
27 Title of Authorized Agency Official	Type or print the working title of the Authorized Agency Official.
28 Signature	The Authorized Agency Official will enter his/her signature in the box.
29 Date	The Authorized Agency Official will insert the date he/she signs the form.

**Part C is for FSA use only.**

<b>Fld Name /Item No.</b>	<b>Instruction</b>
Special Stipulations	Enter in narrative form any special stipulations that are to become a part of this lease and which are not covered in the items above. For instance, the due date of payments to be made on the lease could be spelled out in this area.

**Part D is for FSA use only.**

<b>Fld Name /Item No.</b>	<b>Instruction</b>
1 Lease Type Code	Enter the number from the following list that applies to the lease:  01 - Lump Sum Buyback                      32 - Crop Percentage Farm

Fld Name /Item No.	Instruction
	<p>02 – Crop Percentage                      33 – Monthly FBB  03 – Monthly                                    34 – Periodic Payments FBB  04 – Periodic Payments                 41 – Lump Sum With Option  21 – Lump Sum Homestead                to Purchase (OP)  Protection (HP)                                42 – Crop Percentage OP  23 – Monthly HP                                43 – Monthly OP  24 – Periodic Payments HP                44 – Periodic Payments OP  31 – Lump Sum Farm  Buy-Back (FBB)</p>
2 Lessee Type Code	<p>Enter the number from the following list that applies to the lease:</p> <p>01 – Individual                                 06 – Non-Profit  02 – General Partnership                    07 – Association of Farmers  03 – Limited Partnership                    08 – Organization of Farmers  04 – Corporation                                09 –Beginning Farmer  05 – Public Body                                10 - Farmer</p>
3 Lessee Relationship Code	<p>Enter the number from the following list that applies to the lease:</p> <p>01 – Immediate Previous Borrower-Owner  02 – Spouse of Previous Borrower – Owner Actively Engaged in Farming  03 – Child of Previous Borrower-Owner Actively Engaged in Farming  04 – Stockholder of Corporation That Was Previous Borrower-Owner  05 – Immediate Previous Family Size Farm Operator  06 – Operators of Not Larger Than Family-Size Farm  07 – Indian Member of Tribe That Has Jurisdiction  08 – Indian Corporate Entity  09 – Indian Tribe Itself  10 - Unrelated</p>
4 Lessee Kind Code	<p>Enter the number from the following list that applies to the lease:</p>

<b>Fld Name /Item No.</b>	<b>Instruction</b>
	00 - All others 05 - Socially Disadvantaged - Ethnic 06 - Socially Disadvantaged - Gender