



A PROGRAM BROUGHT TO YOU BY:  
**ROBERT SPRAGUE**  
STATE TREASURER OF OHIO

Application must be submitted online by the lender, use this form to gather the information if this is your first time using Ag-LINK.

### TELL US ABOUT THE FARM...

Organization / Farm Name:

Applicant First Name:

Applicant Last Name:

Organization / Farm Address:

Address 2:

City / State / Zip code:

OH

County:

Phone:

Fax (optional):

Applicant email address:

### QUALIFICATION CRITERIA

Headquarters in Ohio?

Yes  No

Majority of land and facilities in Ohio?

Yes  No

Operate for Profit?

Yes  No

Are the funds requested being used solely for the current year operating purposes?

Yes  No

## FARMING OPERATION INFORMATION

**Total Acres Farmed** (*Only participants share*):  (*Enter 0 for non-farming ag business*)

**Types of Agricultural Products** (*select all that apply*):

- Crops    Poultry    Livestock    Produce    Dairy    Nursery/Greenhouse  
 Other: \_\_\_\_\_

**Business Structure of Organization** (*select one*):

- Individual – Sole Proprietorship  
 Family Owned Corporation  
 Partnership  
 Other: \_\_\_\_\_

**How many times has the applicant been approved for an Agriculture Linked Deposit in the last four years?**

- None, first time applying for Ag-LINK  
 1  
 2  
 3  
 All four years

**Has the applicant applied for an Ag-LINK through another lending institution this year?**    Yes    No

If yes, please name the other lending institution and amount of request: \_\_\_\_\_

**Is the applicant's business affiliated with another Ag-LINK application this year?**    Yes    No

If yes, please name the other lending institution and amount of request: \_\_\_\_\_

**Is the prospective borrower full-time at this agriculture business / farm?**    Yes    No

**Income of primary organization operator from other occupation(s)** (*not including spousal income*):

- None  
 Less than \$12,000  
 \$12,000 - \$30,000  
 \$30,001 - \$40,000  
 Over \$40,000

**Is the applicant operating the organization?**    Yes    No

If no, who is operating the farm? \_\_\_\_\_

**Please specify the operating loan amount requested by applicant:**

**Is the applicant a Veteran or a spouse/surviving spouse of a Veteran?**    Yes    No

**Special circumstances** (*select all that apply*):

- Financial Reason    Natural Disaster    Disturbance in Nature    Family Death or Critical illness