



APPLICATION

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

NOTE: This document is for information gathering only. Your lender must enter the application online from their office.

Tell us about the Farm...

Organization / Farm Name:

Applicant First Name:

Applicant Last Name:

Organization / Farm Address:

Address 2:

City / State / Zip code:

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: _____



Farming Operation Information (continued)

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

Disclosure

Does the applicant agree to the use of the applicant's information by the Treasurer's office, as outlined below? YES NO

The applicant has applied to participate in Ag-LINK through the Financial Institution of their choice. The Financial Institution is instructed to provide this application or information contained in this application, including confidential personal information of the applicant, to the Treasurer's office. The Treasurer's office will use the confidential personal information to assess applicant eligibility, as well as utilize the information to operate Ag-LINK. By participating in Ag-LINK, the applicant is acknowledging and consenting to this disclosure and use of personal information. Participation in Ag-LINK requires disclosure of confidential personal information. If the applicant does not consent to this use of the personal information, then the applicant's participation in Ag-LINK will be terminated.