A Program Brought to You By:
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STATE TREASURER OF OHIO

# Ag-LINK Questionnaire

**PLEASE NOTE:** This questionnaire is for information gathering purposes only. Ag-LINK applications must be completed at aglink.ohio.gov.

**Qualification Criteria** *Complete the following to ensure that the agricultural business qualifies for participation in the program pursuant to Section 135.71 of the Ohio Revised Code.*

**Does the agricultural business:**

| | | | |
|---|---|---|---|
| 1. | Have headquarters in the state of Ohio? | Yes ☐ | No ☐ |
| 2. | Maintain a majority of its land and facilities in Ohio? | Yes ☐ | No ☐ |
| 3. | Operate for profit? | Yes ☐ | No ☐ |
| 4. | Are the funds requested being used solely for the current year operating purposes? | Yes ☐ | No ☐ |

**Applicant Information**

First Name: _____ Last Name: _____

Organization / Farm Name: _____

Organization / Farm Address: _____

City: _____ State: Ohio

Zip _____ County: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

**Farming Operation Information**

1. **Total Acres Farmed (List Applicant's Share)** _____

2. **Type of Agricultural Products:** *Select all that apply*
   Crops ☐ Poultry ☐ Livestock ☐ Produce ☐ Dairy ☐ Nursery/Greenhouse ☐
   If other, please list and describe: _____

3. **Business Structure of Farming Operation Structure (Select one)**
   Individual/Sole Proprietor ☐ Family Owned Corporation ☐ Partnership ☐ Other ☐
   If other, please list and describe: _____

4. **How many times has the applicant been approved for an Agricultural Linked Deposit in the last**

**four years?**
Select One: 0 times ☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 times ☐

5. **Has the applicant applied for a linked deposit through another lending institution this year?**
Yes* ☐ No ☐ *If yes, please name the other lending institution and amount of request:

_____

6. **Is the applicant's farm "affiliated" with another Ag-Link application this year?**
Yes* ☐ No ☐ *If yes, please list other entity: _____

_____

7. **Is the prospective borrower a full-time farmer?** Full-time is described as a non-retired farmer whose primary source of income is derived from the farming operation.
Yes ☐ No ☐

8. **Off-farm income for the primary farm operator (not including spousal income)**
None: ☐ Less than $12,000 ☐ $12,000-$30,000 ☐ $30,001-$40,000 ☐ Over $40,000 ☐

9. **Is the applicant operating/farming the farm?**
Yes ☐ No* ☐ *If no, who is operating/farming the farm?

_____

10. **Please specify the amount of money requested by the applicant?** _____
*Amount requested cannot exceed $100,000.*

11. **Is the Applicant a Veteran or a spouse or a surviving spouse of a Veteran?**
Yes* ☐ No ☐
**If yes, include a form DD214 (Member4) or other official document indicating the branch of service, character of discharge and enlistment dates.*

12. **Special Circumstances –** *Select all that apply*
Financial Reason ☐ Natural Disaster ☐ Disturbance in nature, such as disease ☐
Death or critical illness in the family (that directly impacts the farm) ☐