



A PROGRAM BROUGHT TO YOU BY:
JOSH MANDEL
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:	<input type="text"/>
Applicant First Name:	<input type="text"/>
Applicant Last Name:	<input type="text"/>
Organization / Farm Address:	<input type="text"/>
Address 2:	<input type="text"/>
City / State / Zip code:	<input type="text"/> OH <input type="text"/>
County:	<input type="text"/>
Phone:	<input type="text"/>
Fax (optional):	<input type="text"/>
Applicant email address:	<input type="text"/>

QUALIFICATION CRITERIA

Headquarters in Ohio?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Majority of land and facilities in Ohio?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operate for Profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the funds requested being used solely for the current year operating purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> 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