

Agricultural Use Verification Form

This form is used to verify how your property is being used.

Applications are due by **February 1** according to MSA 273.13 Subd. 23. Complete a separate form for each parcel. **Must provide Schedule F and FSA Form 156EZ.** Provide the following information about each parcel of property you own.



Owner's Name	
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Address	City State Zip
Phone Number	
Parcel I.D. Number or Legal Description of Property	
Total Number of Acres of Parcel	
Tillable Acres	Number of tillable acres actually being tilled/actively farmed:
The tillable land that I/we own is currently actively farmed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
The tillable land that I/we own is in one of the following programs (check all that apply):	
<input type="checkbox"/> CRP: # of Acres _____	<input type="checkbox"/> RIM (with crop history): # of Acres _____
<input type="checkbox"/> CREP: # of Acres _____	<input type="checkbox"/> Other – please identify _____
If in CRP, what year does the contract expire?	
If in RIM/CREP, when was it enrolled?	
Non-Tillable Acres	
How is your non-tillable open land currently being used? Please indicate the approximate number of acres for each of the following:	
_____ Active pastureland for dairy cattle or livestock produced for sale	_____ Not used for agricultural purposes
_____ Used for hunting/recreational purpose	_____ Covered by a forest management plan
_____ Cut for hay	_____ SFIA and 2c Managed Forest Land
_____ RIM (no crop history)	_____ Other uses (e.g. pasture for horses) – Specify:
Yes <input type="checkbox"/> No <input type="checkbox"/> Bins located on the property are for storage of my crops produced on land I do not own.	
Yes <input type="checkbox"/> No <input type="checkbox"/> Buildings located on the property are for storage of my farm equipment. Please list equipment: _____	
<i>Signature of an Owner: By signing below, I certify that the above information is true and correct to the best of my knowledge, and I am an owner of the property or an authorized member, partner, or shareholder of the farm entity that owns the property.</i>	
Signature of Property Owner	Date
Signature of Property Owner	Date

For Office Use Only	
Assessment Year _____	<input type="checkbox"/> Approved
Assessor's signature _____ Date _____	<input type="checkbox"/> Denied