



**ROBERT SPRAGUE**  
OHIO TREASURER

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