Assessment Year:	Name of Applicant:		Parcel ID:
	ould complete this application. I	pplication — Individent of there are multiple owners other	-
Wner Section	Look Move o	Carial Carrette Number	IMinusesta Decident?
our First Name	Last Name	Social Security Number	Minnesota Resident? Yes No
oouse First Name	Last Name	Social Security Number	Minnesota Resident? Yes No
our Physical Address (Where you live. Do not include P.O. Box)		City	State ZIP Code
ounty of Residence	Phone Number	Email Address	
armer Section nter information about the	ne property, provide the number of o farmer/operator of the agricultu sted by an authorized farming entity?	ral property. Complete all informa	ation and attach requested forms
Name of Operating Entity:		Yes No	
armer Information			
	farmer, you do not need to compl	ete this section. Skip to Additional	I Information on the next page.
you are the owner and the f	farmer, you do not need to compl	ete this section. Skip to Additional Social Security Number	Minnesota Resident? Yes No
you are the owner and the f		·	Minnesota Resident?
you are the owner and the f	Last Name Last Name	Social Security Number	Minnesota Resident? Yes No Minnesota Resident?
	Last Name Last Name	Social Security Number Social Security Number	Minnesota Resident? Yes No Minnesota Resident? Yes No

Continue to **Additional Information** on the next page.

Additional Information Check the box applicable to the farmer (only choose one): The farmer is the owner or the spouse of the owner of the agricultural property The farmer is a relative of the owner or the owner's spouse. Relationship to owner or spouse: The farmer is a qualified person of the authorized entity that is operating the property Check all that apply to the farmer: The farmer is actively farming the agricultural property (See instructions) The farmer does not claim another agricultural homestead in Minnesota and neither does their spouse The Farm Service Agency (FSA) lists the farmer or farming entity as the operator (You may be required to provide a copy of Form 156EZ) The farmer filed at least one of the following federal forms with their federal income tax return for the most recent tax year (copy required): Schedule F, or Federal Form 1065 for partnerships, or Federal Form 1120 for corporations, or Federal Form 1120S for S Corporations **Property Section Parcel Identification Number Number of Acres County Parcel is Located Program Enrolled In Number of Acres Enrolled** CREP CRP RIM CREP **CRP** RIM CRP CREP RIM CRP CRFP RIM CRP CREP RIM RIM CRP CREP RIM CRP CREP RIM List any additional parcels on a separate piece of paper and attach to this application. Sign Here I certify that the above information is true and correct to the best of my knowledge. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison. This application must be signed by the owner, owner's spouse, active farmer & spouse (if applicable). Signature of Owner Date Signature of Owner's Spouse Date Signature of Active Farmer (required, if different than owner) Date Signature of Active Farmers Spouse (required, if applicable) Date

Instructions for Special Agricultural Homestead Application — Individually Owned

Definition of Actively Farming

Actively farming is defined as participation in the day-to-day decision making, labor, administration, and management of the farm as well as assuming all or a portion of the financial risks and sharing in any profits or losses.

Filing Requirements

The owner and the active farmer must complete, sign and file this application by December 31 of the current assessment year with each county in which a Special Agricultural Homestead classification is requested. Your County Assessor may require that you attach a copy of your Federal Schedule F or an equivalent form to this application. Attach a copy of your Federal 156 EZ form from the FSA to this application.

If the property is unoccupied, you must reapply every year and meet all requirements to retain the homestead on the property.

Making False Statements on this Application is Against the Law

Anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison. (Minnesota Statutes 609.41)

The property owner may be required to pay all tax that is due on the property based on its correct property class, plus a penalty equal to the same amount. (Minnesota Statutes 273.124, subdivision 13)

What do I need to do if the ownership or active farmer status changes?

If this property is sold or active farmer status changes, or if you change your marital status, state law requires you to notify the County Assessor within 30 days. If you fail to notify the County Assessor within 30 days, the property can be assessed the tax that is due on the property based on its correct property class plus a penalty equal to the same amount.

Use of Information

The information on this form is required by Minnesota Statutes, section 273.124 to properly identify you and determine if you qualify for agricultural homestead.

Social security numbers are required.

Social Security numbers are private data.

If you do not provide the required information, your application may be delayed or denied. The county assessor may also ask for additional verification of qualifications.

Questions?

Contact your County Assessor's Office for assistance.