APPENDIX A

BEGINNING FARMER TAX CREDIT CERTIFICATION

BEGINNING FARMER INFORMATION To be completed by the person seeking qualified Beginning Farmer status						
1. NAME:						
2. SPOUSE:						
3. ADDRESS:						
4. PHONE NUMBER:	5. EMAIL ADDR	ESS:				
ELIGIBILITY REQUIREMENTS						

I hereby certify that I have experience in the agriculture industry or related field or other transferrable skills. Please include a form of supporting documentation including but not limited to Schedule F (Form 1040), receipts from the sale of agricultural commodities, certificates indicating farm apprenticeships, completed experience table (see below), etc.

I hereby certify that I have not received federal gross income from agricultural production for more than the 10 most recent taxable years.

□ I hereby certify that I intend to engage in agricultural production within the borders of this commonwealth and to provide a majority of the labor and management involved in that agricultural production.

I hereby certify that I am not, and my spouse is not, a partner, member, shareholder, or trustee of the owner of agricultural assets from whom I seek to purchase or rent agricultural assets.

EXPERIENCE					
Experience	Job Duties / Responsibilities	Dates			

APPLICATION REQUIREMENTS

1.	Provide a projected earnings statement or pro formal Federal Schedule F to demonstrate profit potential for the farming conducted by the
	Beginning Farmer.

2.	 Provide verification that the farming conducted by the Begin 	ginning Farmer will be a significant source of income for the applicant. Verification ca	an
	include but is not limited to: crop or livestock contracts, dair	airy paperwork, receipts from the sales of agricultural commodities, cash flow analys	sis, etc.

3. Describe the type of farming that will be conducted by the Beginning Farmer.

I hereby certify that I am not engaged in farming by means of a joint business venture with the owner/lessor of the property I am buying/leasing or with anyone else who would not meet the definition of a beginning farmer under applicable law.

□ I hereby certify that I will notify the Department of Community & Economic Development within 60 days if I no longer meet the certification and eligibility requirements of a Beginning Farmer within the three-year certification period.

ACKNOWLEDGEMENT

Under penalty of perjury, I declare that the information contained I this certification application and accompanying documentation is, to the best of my knowledge, true, correct, and complete as of the date hereof.

Signature

Printed Name

Date