

**Farm On
Land Owner Information Form**

ID# _____

This information form is to be completed by prospective participants in Farm On. Understanding your operation and wants is important in the matching process so please answer the following questions as completely as possible. All information is strictly confidential and will not be used for any other purpose. If you have any questions about completing this form, please call: (877) BFC-1999. We're also on the web at <http://www.extension.iastate.edu/bfc/>.

A p p l i c a n t I n f o r m a t i o n

Last Name		First Name	Middle Initial	Today's Date
Address		City	State	Zip
County		Home Phone	Work Phone	
E-mail		Marital Status Single Married Divorced Widowed		Age
Number of Children	Children's ages , , , , ,			

1) What is your current occupation? Check all that apply

Farm full-time - Years:____
 Ag related job
 Student
 Retired
 Farm part-time - Years:____
 Non ag related job
 Unemployed

Job responsibilities: _____

2) How do you see yourself benefiting from a Farm On match?

3) How do you feel about transitioning the farm?

4) What do you see as your role in this transition process?

Spouse Information

Last Name	First Name	Middle Initial	
Address (if different)	City	State	Zip
County	Home Phone	Work Phone	
E-mail	Age		

5) What is your current occupation? Check all that apply

- Do not work on the farm
 Ag related job
 Student
 Retired
 Assist with farm
 Non ag related job
 Unemployed

Job responsibilities: _____

6) How do you see yourself benefiting from a Farm On match?

7) How do you feel about transitioning the farm?

8) What do you see as your role in this transition process?

Farm Description

9) County in which land/operation is located: _____

10) Rank the type of farming enterprise(s) in which you operate with 1 being the greatest source of farm income.

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Horses | <input type="checkbox"/> Nursery/Ornamental |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Grain (wheat, corn, beans) | <input type="checkbox"/> Maple |
| <input type="checkbox"/> Hogs | <input type="checkbox"/> Hay & Forage Crops | <input type="checkbox"/> Vineyards |
| <input type="checkbox"/> Sheep | <input type="checkbox"/> Vegetable | <input type="checkbox"/> Aquaculture |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Christmas Trees | <input type="checkbox"/> Turf |
| <input type="checkbox"/> Goats | <input type="checkbox"/> Tree Fruit | <input type="checkbox"/> Other: _____ |

11) If you raise livestock, please provide the following information:

Type _____ Head/yr _____ Breed _____
Type _____ Head/yr _____ Breed _____

12) How many acres do you own?

Row-crop: _____
Forage: _____
Pasture: _____
Non-tillable: _____
Total: _____

How many acres do you rent?

Row-crop: _____
Forage: _____
Pasture: _____
Non-tillable: _____
Total: _____

13) Check the characteristics applicable to your farm business:

- | | |
|---|--|
| <input type="checkbox"/> Primary residence (# bedrooms _____ #baths _____) | <input type="checkbox"/> Certified organic or easily certifiable |
| <input type="checkbox"/> Housing for labor | <input type="checkbox"/> Land currently being farmed |
| <input type="checkbox"/> Near "urban" population | <input type="checkbox"/> Greenhouse |
| <input type="checkbox"/> Annual records of past farm management (soil tests, pesticide, fertilizer records, etc.) | <input type="checkbox"/> Machine shed/workshop |
| <input type="checkbox"/> Grain storage | <input type="checkbox"/> Permanent fencing for livestock |
| <input type="checkbox"/> Hay storage | <input type="checkbox"/> Use of intensive pasture management |
| <input type="checkbox"/> Manure storage | <input type="checkbox"/> Farm stand/store |
| <input type="checkbox"/> Livestock facilities | <input type="checkbox"/> Other: _____ |

14) Tell us about your housing situation:

Is your home located on this farm? Yes No
Do you plan to stay in this home? Yes No
If no, when will the home be available? Immediately Within _____ years
Is there alternative housing available? Yes No

15) List your major buildings and facilities:

Type _____	Condition: <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Gets the job done
Type _____	Condition: <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Gets the job done
Type _____	Condition: <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Gets the job done
Type _____	Condition: <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Gets the job done

16) List the major machinery that would be included in the transition:

Type _____	Condition: <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Gets the job done
Type _____	Condition: <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Gets the job done
Type _____	Condition: <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Gets the job done
Type _____	Condition: <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Gets the job done
Type _____	Condition: <input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Gets the job done

17) What type of farming practices do you use?

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> Conventional tillage | <input type="checkbox"/> No-till | <input type="checkbox"/> Sustainable | <input type="checkbox"/> Strip crop |
| <input type="checkbox"/> Minimum tillage | <input type="checkbox"/> Ridge-till | <input type="checkbox"/> Organic farming | <input type="checkbox"/> Rotational grazing |

18) The farm's ownership status is:

Sole proprietorship Corporation Partnership Limited Liability Company
Name of owner/agent: _____ Address: _____

- 19) Are there any use restrictions on the property? Yes No
 If yes: Right-of-way License Easements
 Manure application agreements Mineral rights Other: _____
 Explain: _____

- 20) Is the farm currently listed with a realtor? Yes No

- 21) What is your debt to asset ratio? For example, if you owe \$10,000 and you have \$120,000 in assets, your debt to asset would be $10,000/120,000 = 8.33\%$.
 Debt free 1-20% 21-40% 41-60% 61-80% 81-100%

T r a n s i t i o n

- 22) How long do you want or expect this transfer to take? Minimum time _____ Maximum time _____

- 23) Would you consider hiring the beginning farmer as an employee for a specified amount of time on a trial basis before proceeding with other farm transfer options? Yes No

- 24) Rank the following transition arrangements you would consider. Use 1 for best option, etc. and mark N/A for those you would not consider.

- | | |
|---|--|
| <input type="checkbox"/> Hire as an employee with gradual transfer of responsibility and farm assets over time
<input type="checkbox"/> Short-term Lease (1-5 years)
<input type="checkbox"/> Long-term Lease (5+ years)
<input type="checkbox"/> Lease with option to buy | <input type="checkbox"/> Enter into a partnership with beginning farmer
<input type="checkbox"/> Owner-financed purchase (contract)
<input type="checkbox"/> Sell outright
<input type="checkbox"/> Other: _____
_____ |
|---|--|

- 25) Is your farm business currently generating enough income for an additional family? Yes No

- 26) Would you consider diversifying or increasing production? Yes No
 If yes, tell us about your preference: _____

- 27) What level of responsibility and management control do you wish to maintain during a transition of your farm business? Please explain: _____

- 28) Describe any retirement plans you have at this point:

A d d i t i o n a l I n f o r m a t i o n

- 29) Do you participate in government farm programs? Yes No
 If yes, does your farm have a farm conservation/Food Security Act plan or forest management plan?
 Yes No

- 30) Do you own a computer? Yes No If yes, check the items you use it for:
 Farm record keeping E-mail Farm market information World Wide Web
 Other: _____
 If no, do you have internet access from work? Yes No

31) What kind of additional training/information would help you in your farm operation and with the transfer process?

- | | | |
|--|---|---|
| <input type="checkbox"/> Tax management/planning | <input type="checkbox"/> Production | <input type="checkbox"/> Goal setting |
| <input type="checkbox"/> Financing options | <input type="checkbox"/> Financial management | <input type="checkbox"/> Decision making |
| <input type="checkbox"/> Retirement planning | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Specializations (organic, sustainable) |
| <input type="checkbox"/> Business management | <input type="checkbox"/> Conflict resolution | |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Leadership | |

32) How did you learn about our program?

References

List three references. At least one reference must be a former employer, co-worker, or business partner. Please do not list relatives.

<u>Name</u>	<u>Phone number and address</u>	<u>Relationship</u>
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Releases

Media release: We occasionally get requests from the media to provide the names of farmers who are interested in or have benefited from the Farm On program. If you are willing to let us provide your name to the media (name only, no information that is confidential), please sign below.

I authorize the release of my name to the media for the purpose of being interviewed:

Signature of applicant(s)

Web Site Release: In order to provide the greatest opportunity to create a link, we list certain limited information from the applications on our Web site (www.extension.iastate.edu/bfc/). If you desire to have such information listed on our Web site please sign below. **No confidential or identifying information will be listed.**

I specifically authorize Farm On to list limited information from my application on the Beginning Farmer Center/Farm On Web site:

Signature of applicant(s)

When completed, return this form to: Farm On
10861 Douglas Avenue, Ste. B
Urbandale, Iowa 50322
Or fax to: 515-252-7828

Any additional material or comments that would help a beginning farmer make a decision as to your potential qualifications for a Farm On match is encouraged and may be included with this form.

5/07