

For Office Use OnlyApproved ☐ Denied ☐

Assessment Year: _____ Name of Applicant: _____ Parcel ID: _____

Special Agricultural Homestead - Entity Owned Re-Application

Applicant Information*The active farmer of the property or authorized representative of the owning entity should complete this application.*

Name of Owning Entity _____ Name of Active Farmer _____ Active Farmer SSN _____

Name of Operating (Farming) Entity if different than Owning Entity _____

Name of Spouse of Active Farmer (if applicable) _____ Active Farmer's Spouse SSN _____

Farmer Certification

Read the following statements carefully. You must initial next to each of them to certify that you are meeting all special agricultural homestead requirements for the agricultural property that is currently receiving homestead.

- _____ The membership of the **owning** entity listed above has not changed in the last 12 months
- _____ The membership of the operating entity listed above has not changed in the last 12 months **OR** an individual is listed by the FSA as the operator
- _____ I am a Minnesota resident and so is my spouse (if applicable)
- _____ All parcels currently receiving agricultural homestead have not changed in occupancy, ownership, and/or size
- _____ The entity has not purchased and/or otherwise acquired any additional agricultural parcels
- _____ The property has not been enrolled in or removed from RIM/CREP/CRP in the last 12 months
- _____ I do not claim another agricultural homestead in Minnesota and neither does my spouse (if applicable)
- _____ I have not moved from my residence in the last 12 months and neither has my spouse (if applicable)
- _____ The **same** qualified person is **actively farming** the entity owned agricultural property
- _____ The active farmer lives within four cities/townships of the agricultural property
- _____ The active farmer is a Minnesota resident and so is their spouse (if applicable)
- _____ The active farmer filed a Schedule F/Federal Form 1065/Federal Form 1120/Federal Form 1120S with their federal income tax return for the most recent tax year
- _____ The operator/active farmer that is listed with the Farm Service Agency has not changed

Signatures

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 occupant/active farmer, the occupant/active farmers spouse (if applicable), and the authorized representative of the entity.

Farmer Name (print) _____ Signature _____ Phone _____ Date _____

Farmer's Spouse Name (if applicable) _____ Signature _____ Phone _____ Date _____

Authorized Representative Name (if different than farmer) _____ Signature _____ Phone _____ Date _____

Instructions for Special Agricultural Homestead - Re-Application

Filing Requirements

The active farmer and/or the authorized representative must complete, sign, and file this re-application by **December 31** of the current assessment year.

Complete this re-application if:

- The ownership structure and farming operation of the agricultural property has **not changed**
- The owners and persons actively farming the property still live within four cities or townships of the property
- The owners and persons actively farming the property are still Minnesota residents
- The operator that is listed with the Farm Service Agency has **not changed**
- A Schedule F or equivalent income tax form was filed for the most recent year
- The property's acreage has **not changed**
- None of the property's acres have been enrolled in a federal or state farm program (such as RIM/CREP/CRP) since the initial application

If any of the above requirements have changed in the past 12 months, do not complete this form. You must contact the assessor's office and request a new application.