

**For Office Use Only**

Approved  Denied

Assessment Year: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

# Special Agricultural Homestead - Individually Owned Re-Application

## Owner Section

The owner of the property should complete this application. **Note:** if there are multiple owners that are not spouses, then each owner must complete a separate application.

First Name of Owner \_\_\_\_\_ Last Name of Owner \_\_\_\_\_ Social Security Number/ITIN \_\_\_\_\_

Spouse of Owner (if applicable) \_\_\_\_\_ Social Security Number/ITIN \_\_\_\_\_

## Owner 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 ownership of the property has not changed in any way
- \_\_\_\_\_ 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
- \_\_\_\_\_ I have not purchased 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)

## 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 **same** qualified person is **actively farming** the individually 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 owner, owner spouse, active farmer and spouse (if applicable).

Owner Name (print)	Signature	Phone	Date
Owner's Spouse Name (if applicable)	Signature	Phone	Date
Active Farmer Name (if different than owner)	Signature	Phone	Date
Active Farmer's Spouse Name (if applicable)	Signature	Phone	Date