This	form is available electronically									(See Page 4 for	Privacy Act Statement)	
	C-902I U.S. DEPAR	TMENT C	F AGRICUL	TURE				1. County			3. Program Year	
(03-2	(8-14) Comm	odity Crea	lit Corporatio	Corporation								
				N FOR AN INDIVIDUAL Act of 2014					9			
	actively engaged in farming" and											
This form is to be completed by, or on behalf of, an individual who is seeking benefits from the Farm Service Agency (FSA) as an individual (and not as part of an entity) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the individual who receives program benefits directly using the social security number identified in Part A. This form also collects information about entities engaged in farming in which the individual has an interest. Such entities must complete a CCC-902E if they are requesting program benefits. Payment eligibility for the individual is based upon the contribution level of certain inputs to a farming operation such as land, capital, equipment, labor, and management by the individual identified in Part A. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.												
PART A – BASIC INFORMATION												
1. In	dividual 's Name and Address (In	clude Zi _l	, , , , , , , , , , , , , , , , , , ,						Social Security Number (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)			
PAR	T B - ADDITIONAL INFORM	ATION										
1. ls	this individual a U.S. citizen? YES. Go to Item 4A NO. Go to Item 2	2.				ly admitted into ent Alien Card (5.?		3. FOR COUNTY FS a Resident Alien C	SA USE ONLY (Was Card, I-551 shown?)	
	4A. Is this individual under 18 y	ears of a	ige as of A	pril 1 of the	program	year that is spe	ecified in	n Item 3'	?	4B. Enter Date of Bi	rth <i>(MM-DD-YYYY)</i>	
	NO. Go to											
	5. Enter the name, address, an	ld social	security nu	umber of pa	arent or gu	lardian:						
	A. Parent's or Guardian's Nar	B. Parent's or Guardian's Address							C. Social Security Number of Parent or Guardian (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)			
SS									1890			
MINORS												
	D. Does this individual maintain	n a sepa	rate house	parent or g	juardian?	YES	5		10			
	6. List the direct and indirect in	terests i	n all farmin	g operation	ns of this ir	ndividual's pare	ents or g	juardian	s:			
	A. Parent's or Guardian's Name	N	B. ame of Farming Interest			C. Tax ID Number of Farming Interest (If the social security number or taxpayer ID number is on file, only the last 4 digits are required)				D. County and State Where Farming Interest is Located		
7. Other Farming Interests: Complete this item for all farming entities, including joint operations, in which the individual identified in Part A has an interest, and for any farming interests of a spouse or minor child.												
	A. Other Ferming Interacts	\A/bass	B.). Whore Ferming	
Other Farming Interests Who Self			Minor (If the			t ID Number of Farming Interest e social security number or taxpayer ID er is on file only the last four digits are required)				County and State Where Farming Interest is Located		
age, c	I.S. Department of Agriculture (USDA) lisability, sex, gender identity, religion, lual's income is derived from any publ	reprisal,	and where a	applicable, po	olitical belie	fs, marital status,	familial o	or parenta	al stati	us, sexual orientation, or a	ll or part of an	

age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

CCC-9021 (03-28-14) Name of Individual (as identified in Part A): Page 2 of 4												
INSTRUCTIONS FOR PARTS C THROUGH H. Only include information for the individual identified in Part A. Do not include information for												
any farming interests listed in Part B, Item 7.												
PART C - LAND												
 Land: Enter the following information for ALL land farmed by the individual identified in Part A and not as part of an entity. If land is cash leased from an individual or entity with an interest in the crop or crop proceeds, include the rental rate in \$/acre Column F; otherwise enter "cash." 												
A. Farm No.	B. Location (County and State)			C. Checł Applic	(As	Le as	D. Name of Individual or Entity Whom Land is Leased to and/or From (Includes names of landowners and landlords)	E. Acres Owned or Leased	F. Rental Rate \$ per Acre or % of Crop Share	G. Check here if same land interest was held last year		
				Owne Leased ed d To Fr om								
					<u> </u>							
							-					
For additional space for land, complete CCC-902 Continuation and attach to this form. Check here if attached.												
PART D – C		SOURCES and U	SES									
1 Indicate th	e source of	f all farming canital f	or the i	ndivid	ual ir	lontifi	ed in Part A for the farms listed in Part (Check all that	t annly)			
1. Indicate the source of all farming capital for the individual identified in Part A for the farms listed in Part C. (Check all that apply.) Non-borrowed capital Private loans/credit FSA program payments												
	cial loans/c	Other:	_									
2. Will contrib	outions of c	apital, farming equip	ment o	or land	l be a	acquir	ed as a result of a loan or credit arrange	ement?				
YES	go to Item	3			NC) go t	o Part E					
3. Will such loan or credit be acquired from, guaranteed by, co-signed by, or secured by another individual or entity that has an interest in the farming operation identified in Part A? (Such interest may be as a landowner or another tenant.)												
YES. Complete Items 3A through 3E NO. Go to Part E.												
A. Type of Contribution Name of Loar			B. n or Credit Source				C. Guarantor's Name	Affiliation or In	D. E. Credit Source or Guarantor's Affiliation or Interest in the Farming Operation			
If all land lis	sted in Par	t C is owned by the	e indiv	idual	iden	tified	in Part A, then proceed directly to Pa	art I.				
PART E - E	QUIPMEI	NT (All percentag	jes ar	e bas	ed o	on ar	nnual rental values.)					
 PART E - EQUIPMENT (All percentages are based on annual rental values.) Owned Equipment: Enter the percent of ALL equipment owned by the individual identified in Part A that will be used on the farms listed in Part C? If the individual specified in Part A does not own any of the equipment used in the farming 												
operation, enter 0%. 2. Leased Equipment: Enter the following information for ALL leased equipment to be used by the individual identified in Part A on the farms listed in Part C.												
		If leased equipmer	nt is no	t used	in th	is farı	ning operation, enter 0%.	-1				
A. B. C. D. Percent of Total Name of Party/Entity Equipment is Type of Equipment Leased Does the Party/Entity the equipment is le Equipment Used by the Leased From Type of Equipment Leased from have an interest in this farmin operation?												
YES NO										C		
									YES		D	
3. Lease agreements: If Item 2D is "YES," copies of lease agreement and documentation may be required for compliance purposes. GO TO Part F.												

CCC-902I (03-28-14) Name of Indi	vidual (as identified in Part A): $_$		Page 3 of 4
PART F - CUSTOM SERVICES			
1. Will custom services be utilized by the in	dividual identified in Part A on the f S, complete Items 1A through 1D c		
A. Type of Services	B. Farm Number(s)	C. Number of Acres	D. Name of Provider

PART G – LABOR

For the farms listed in Part C, enter the information for contributions of active personal labor which will be provided by the individual identified in Part A, hired laborers; or by others:
Type
Amount

Туре	Amount
1. Active personal labor. Enter the percentage or hours to be provided by the individual identified in Part A. If the individual	%
identified in Part A performs 1,000 or more hours of labor for this farming operation, enter "1,000" hours.	hrs
2. Hired labor . Enter the percentage or hours of labor that will be hired.	%
	hrs
 A. Will any of the hired labor originate from the same source as leased equipment shown in Part E? NO YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes. 	
B. Will any of the hired labor be included in the custom farming services shown in Part F? NO YES If "YES", acceptable documentation to prove such relationship may be required for compliance purposes.	
3. Other labor. Enter the percentage of labor to be donated by family members or others. (No payment will be owed).	%
PART H – MANAGEMENT (The total percentage shown in Items 1 through 3 must equal 100%)	
For the farms listed in Part C, enter the estimated percent of the individual's total management responsibility and the type of managerial duti will be provided by the individual identified in Part A, by hired persons or entities, or by others who are not hired.	es required which
 Active personal management: A. Enter the estimated percent of the active personal management to be provided by the individual identified in Part A:	%
 2. Hired management: A. Enter the estimated percent of hired management: B. Describe any paid management services provided by someone other than the individual identified in Part A: 	
3. Other management:	

- A. Enter the estimated percent of other management:
- B. Describe any non-compensated management duties/activities provided by someone other than the individual identified in Part A:

PART I – CERTIFICATION

I certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form, I acknowledge that:

- all supporting documentation has been submitted as required.
- I have read and understand all definitions and requirements on Page 4.
- all information contained on this form will be considered in effect continuously unless changes or revisions are submitted.
- it is my responsibility to timely notify FSA in writing of any changes in the farming, ranching or forestry operation, or financial status that may affect these representations.
- evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and that I will take all necessary actions to provide such materials to FSA if requested .

1. Signature (By)

2. Title/Relationship of the Individual Signing in Representative Capacity 3. Date (*MM-DD-YYYY*)

The following definitions apply to Form CCC-902I.

- 1. **ACTIVELY ENGAGED IN FARMING** means providing both: 1) significant contributions of capital, equipment, or land, or combination thereof to the farming operation; and 2) significant contributions of active personal labor or active personal management, or a combination thereof, to the farming operation as described. Further, for a person or legal entity to be considered actively engaged in farming for program payment purposes, the contributions of the person or legal entity must be at-risk and commensurate with the person's or legal entity's claimed share of the profit and loss of the farming operation. Failure to meet these requirements will result in the determination of ineligibility for payments under programs specified in 7 CFR Part 1400.
- 2. **INTEREST IN A FARMING OPERATION** a person or legal entity is considered to have an interest in a particular farming operation if the person or legal entity owns or rents land to or from that farming operation; has an interest in the agricultural commodities produced on the operation; or is a member of a joint operation that either owns or rents land to or from the farming operation, or has an interest in the agricultural commodities produced on that operation.
- 3. JOINT OPERATION is a general partnership, joint venture, or similar organization.
- 4. **PERSON** is a natural person (an individual) and does not include a legal entity.
- 5. **ACTIVE PERSONAL LABOR** a person is considered to be providing active personal labor with respect to a farming operation if that person is directly and personally providing physical activities necessary to conduct the farming operation, including land preparation, planting, cultivating, harvesting, and marketing of agricultural commodities. Other qualifying physical activities include establishing and maintaining conserving covers and those physical activities necessary for livestock production for the farming operation.
- 6. **ACTIVE PERSONAL MANAGEMENT** a person is considered to be providing active personal management with respect to a farming operation if that person is directly and personally providing the general supervision and direction of activities and labor involved in the farming operation; or providing services (whether performed on-site or off-site) reasonably related and necessary to the farming operation.
- 7. **CAPITAL** with respect to a farming operation is the funding provided by a person or legal entity to the farming operation in order for such operation to conduct farming activities. To be considered a countable contribution for a person or legal entity, the capital must have been derived from a fund or account separate and distinct from that of any other person or entity involved in such operation. Countable capital does not include the value of any labor or management which is contributed to the farming operation. A capital contribution may be a direct non-borrowed (out-of-pocket) input of a specified sum or an amount borrowed by the person or entity. Capital does not include advance program payments.
- 8. **CONTRIBUTION** with respect to a farming operation is the provision of land, capital or equipment assets, and providing active personal labor, or active personal management to the farming operation in exchange for, or the expectation of, deriving benefits based solely on the success of the farming operation.
- 9. **CUSTOM SERVICES** with respect to a farming operation is the hiring of a contractor or vendor that is in the business of providing such specialized services to perform services for the farming operation in exchange for the payment of a fee for such services performed.
- 10. **ENTITY** is a corporation, joint stock company, limited liability company, association, limited partnership, limited liability partnership, irrevocable trust, revocable trust, estate, charitable organization, or other similar organization including any such organization participating in the farming operation as a partner in a general partnership, participant in a joint venture, a grantor of a revocable trust, or as a participant in a similar organization.
- 11. **EQUIPMENT** with respect to a farming operation is the machinery and implements needed to conduct activities of the farming operation including machinery and implements used for land preparation, planting, cultivating, harvesting or marketing crops. Equipment also includes machinery and implements needed to establish and maintain conserving covers.
- 12. **FAMILY MEMBER** a person is considered to be a family member of another person in the farming operation of that person is related to the other as a lineal ancestor, lineal descendant, sibling, spouse, or otherwise by marriage.
- 13. **FARMING OPERATION** is a business enterprise engaged in the production of agricultural products which is operated by a person or a formal or informal entity which is eligible to receive payments, directly or indirectly.
- 14. **LAND** with a respect to a contribution to a farming operation is farmland consisting of cropland, pastureland, wetland, or rangeland which meets the specific requirements of the applicable program for which payments or benefits are sought.
- 15. **SUPPORTING DOCUMENTATION** is any information that supports the relevant representations made such as, but not limited to: articles of incorporation; corporate meeting minutes; stock certificates; organizational papers; trust agreement; last will or testament or a deceased individual; affidavit of heirship approved by Office of General Counsel; partnership agreement; property lease agreement; purchase agreement; land deed; lending security agreement; and financial statement.
- 16. All other terms utilized in this form shall be defined pursuant to 7 CFR Part 1400.

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to identify the farm operating plan data needed to determine an individual's eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**