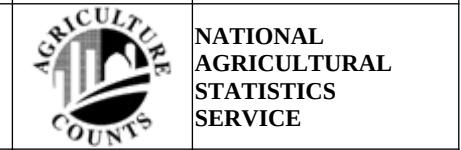
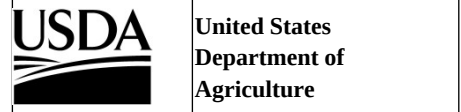


LANDLORD SCREENING SUPPLEMENT

OMB No. 0535-0213
 Approval Expires: 03/31/2014
 Project Code: xxx QID:
 SMetaKey:



USDA/NASS
 National Operations Division
 9700 Page Avenue, Suite 400
 St. Louis, MO 63132-1547
 Phone: 1-888-424-7828
 FAX: 1-855-515-1328
 Email: nass@nass.usda.gov

Please make corrections to name, address and ZIP Code, if necessary.

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept **confidential** and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation. Response is **voluntary**.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0213. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Segment Number: _____ **Tract letter:** _____
County: _____

State	Stratum	Segment	Tract
___	_____	000 _____	___ 00

Screening Supplement Form: ^{xxx} _____

In order for NASS to be able to obtain total farm expenditure data, we need to collect information relating to the expenses your landlord has incurred on the acres you rent from them. For each of the landlords from whom you rent or lease land that is located inside of the blue boundary, please tell us if you can report expenses provided by that landlord or indicate which types of expenses were incurred by that landlord. If not, please provide the contact information for each landlord.

1. How many total landlords do you rent or lease land from that is located inside of the blue boundary? ^{xxx} _____

2. Starting with the first of your (Item 1) landlords, can you report the actual expenses provided by this landlord?

^{xxx} 1 **Yes** – Go to Item 2b 3 **No** – Continue

a. Can you indicate which types of expenses were incurred by this landlord? ^{xxx} 1 **Yes** – **Continue** 3 **No** – Go **Item 2c**

b. When would be a good time to collect this information? ^{xxx} _____

[Go to Item 3 after a follow-up time has been determined]

c. Please provide the contact information for this landlord.

Field Identification (Name, Number, etc.)	Office Use Only	Landlord Contact Information
xxx	xxx	Name: ^{xxx} _____ Address: ^{xxx} _____ City: ^{xxx} _____ State: ^{xxx} _____ Zip: ^{xxx} _____ Phone: ^{xxx} _____

3. Thinking of the next one of your (Item 1) landlords, can you report the actual expenses provided by this landlord?

xxx 1 **Yes** – Go to Item 3b 3 **No** – Continue

a. Can you indicate which types of expenses were incurred by this landlord? xxx 1 **Yes** –Continue 3 **No**–Go to Item 3c

b. When would be a good time to collect this information? xxx _____

[Go to Item 4 after a follow-up time has been determined]

c. Please provide the contact information for this landlord.

Field Identification (Name, Number, etc.)	Office Use Only	Landlord Contact Information
xxx	xxx	Name: xxx _____ Address: xxx _____ City: xxx _____ State: xxx _____ Zip: xxx _____ Phone: xxx _____

4. Thinking of the next one of your (Item 1) landlords, can you report the actual expenses provided by this landlord?

xxx 1 **Yes** – Go to Item 4b 3 **No** – Continue

a. Can you indicate which types of expenses were incurred by this landlord? xxx 1 **Yes** –Continue 3 **No**–Go to Item 4c

b. When would be a good time to collect this information? xxx _____

[Go to Item 5 after a follow-up time has been determined]

c. Please provide the contact information for this landlord.

Field Identification (Name, Number, etc.)	Office Use Only	Landlord Contact Information
xxx	xxx	Name: xxx _____ Address: xxx _____ City: xxx _____ State: xxx _____ Zip: xxx _____ Phone: xxx _____

5. **Enumerator Action:** Is Item 1 greater than 3?

xxx 1 **Yes** – Complete additional screening form 3 **No** – Conclude Interview

Comments and Notes

OFFICE USE ONLY

Response	Respondent	Mode	Enum.	Eval.	Change	Office Use for POID					
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901 1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	1-Mail	9903	9998	9900	9985					
		2-Tel									
		3-Face-to-Face									
		4-CATI									
		5-Web									
		6-E-mail									
		7-Fax									
		8-CAPI									
		19-Other									
							R. Unit				
					9921						
						Optional Use					
						9907	9908	9906	9916		

S/E Name _____