LANDLORD SCREENING SUPPLEMENT

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							USDA	Department of Agriculture			
							SHICOLA	NATIONAL AGRICULTURAL STATISTICS SERVICE			
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		. 000)		Screening	Supplement For	m: ***				
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.											
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Phone: xxx

3. Thinking of	the next	one of you	ır (Item	1) landlords, c	an yo	u report th	ne actua	l expenses	provided	by this I	andlord?	
xxx 1 Yes	– Go to	Item 3b	₃ □ No	Continue								
a. Can you ir	ndicate v	hich type:	s of exp	enses were in	curred	l by this la	ndlord?	^{ххх} 1 Ye	s –Conti	nue ₃ □N	lo –Go to	Item 3c
b. When wo	ould be a	good time	e to colle	ect this informa	ation?	xxx						
[Go to	Item 4 a	fter a follo	w-up ti	ime has been	deter	mined]						
c. Please p	orovide th	ne contact	informa	ation for this la	ndlord	l.						
Field Identif (Name, Numb		_	e Use nly	Landlord Contact Information								
ХХХ		xxx		Name: xxx								
				Address: xxx								
				City: xxx								
				Phone: xxx _								
4. Thinking of	the next	one of you	ır (Item	1) landlords, c	an yo	u report th	ne actua	l expenses	provided	d by this I	andlord?	
xxx 1 Yes	– Go to	Item 4b	₃ □ No	Continue								
a. Can you ir	ndicate v	hich types	s of exp	enses were in	curred	l by this la	ndlord?	xxx 1 ☐Ye	s –Conti	nue 3 🔲 N	lo –Go to	Item 4c
b. When wo	ould be a	good time	e to colle	ect this informa	ation?	xxx						
[Go to	Item 5 a	fter a follo	w-up ti	ime has been	deter	mined]						
c. Please p	provide th	ne contact	informa	ation for this la	ndlord							
Field Identification (Name, Number, etc.) Office Use Only			Landlord Contact Information									
ххх		xxx		Name: xxx	Name: xxx							
					Address: xxx							
				City: ^^^	City: xxx Zip: xxx Zip: xxx							
				Phone: xxx _								
5. Enumerato ××× 1 □Yes Comments an	s – Com		•	creening form				Interview				
Response Respondent			Mode	Mode Enum. Eval. Change Office Use for POID								
Response 1-Comp 2-R 3-Inac	9901 1-	-Op/Mgr -Sp -Acct/Bkpr	9902	1-Mail 2-Tel 3-Face-to-Face	9903	Enum. 9998	Eval. 9900	Change 9985	9989	Office US	e ioi POID	
4-Office Hold	4-	Partner Oth	.	4-CATI 5-Web								
6-Inac – Est		Juli		6-E-mail 7-Fax		ı	R. Unit				nal Use	
7-Off Hold – Est 8-Known Zero			:	7-Fax 8-CAPI 19-Other			9921		9907	9908	9906	9916

S/E Name