

**AGRICULTURAL ELIGIBILITY DETERMINATION FORM**  
**FOR PARCELS LESS THAN FIVE ACRES**

\*\*\*This form must be filed with the Cassia County Assessor's Office on or before:  
**April 15<sup>th</sup>** of the year being applied for.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_

**---ONE APPLICATION PER PARCEL REQUIRED---**

**CROPLAND SECTION: IS THE LAND IRRIGATED? Yes  No**

1. Total number of acres in this parcel devoted solely as cropland: \_\_\_\_\_
2. Is this parcel actively producing field crops such as grain, feed crops, berries, vegetables, etc.? Yes  No
3. Is your land leased to another operator? Yes  No
4. If yes, list lessee (Name & Phone #): \_\_\_\_\_ **\*\*\*LEASE MUST ACCOMPANY APPLICATION**
5. Do you lease other land to use in conjunction with this parcel? Yes  No
6. If yes, list lessor (Name & Phone #): \_\_\_\_\_ **\*\*\*LEASE MUST ACCOMPANY APPLICATION**
7. Do you participate in any FSA payments? **\*\*\*ALL CONTRACTS MUST ACCOMPANY APPLICATION** Yes  No

List what agricultural crops are produced on this unit with their approximate yields:

_____ Acres	_____ Acres	_____ Acres	_____ Acres
_____ Crops	_____ Crops	_____ Crops	_____ Crops
_____ Yield	_____ Yield	_____ Yield	_____ Yield

8. Is your cropland in a retirement or rotation program? Yes  No
9. Is the property fenced to keep animals from destroying crops? Yes  No
10. Estimate the percentage of total production that is sold: \_\_\_\_\_%

**GRAZING SECTION: IS THE LAND IRRIGATED? Yes  No**

1. List the total number of acres in this parcel devoted **solely** to grazing: \_\_\_\_\_
2. Is the pasture land used primarily for grazing of animals used for your personal use or pleasure? Yes  No
3. Is pastureland leased or rented to another operator? Yes  No
4. If yes, by whom (Name & Phone #): \_\_\_\_\_ **\*\*\*LEASE MUST ACCOMPANY APPLICATION**

Total leased acres: \_\_\_\_\_; annual lease amount: \$ \_\_\_\_\_

5. Carrying capacity: Number of Head \_\_\_\_\_/Acre for \_\_\_\_\_ Months  
List type of livestock and number of head on this unit:  
Type: \_\_\_\_\_ No./Head: \_\_\_\_\_ Type: \_\_\_\_\_ No./Head: \_\_\_\_\_  
Type: \_\_\_\_\_ No./Head: \_\_\_\_\_ Type: \_\_\_\_\_ No./Head: \_\_\_\_\_
6. What is the average number of animals sold annually for the past three years? \_\_\_\_\_
7. Is your cropland in a retirement or rotation program? Yes  No
8. Is your grazing land fenced and maintained? Yes  No

**\*\*\*PLEASE ATTACH ANY ADDITIONAL INFORMATION NECESSARY TO COMPLETE APPLICATION**

I certify that to the best of my knowledge and belief the information provided herein is true, correct, and complete, and that I agree to have my parcel inspected by a **CASSIA COUNTY APPRAISER**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REMEMBER TO CHECK YOUR ASSESSMENT NOTICE YEARLY**