



A good mind. A good heart. A strong fire.

Date of Application: \_\_\_\_\_

Reference Number: \_\_\_\_\_

Bid Per Acre: \_\_\_\_\_

**Application Information:**

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Farm or Dairy Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Federal I. D.: \_\_\_\_\_

Oneida Tribal Member: \_\_\_\_\_ If yes, your Enrollment Number: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Federal I.D.: \_\_\_\_\_

Oneida Tribal Member: \_\_\_\_\_ If yes, your Enrollment Number: \_\_\_\_\_

**Purpose:**

How many years have you been farming? \_\_\_\_\_

Growing and harvesting agricultural crops. Please list the crops you plan to plant.

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Will you plant a winter cover crop? \_\_\_\_\_ If yes, list the crops.

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Are your crops organic certified? \_\_\_\_\_ If yes, attach a copy of the certification.

Are you currently the owner and operator? \_\_\_\_\_

What is the total number of acres you are presently farming? \_\_\_\_\_

Do you presently have crop insurance?

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Do you have liability insurance coverage and what is the amount? \_\_\_\_\_ If no, you will be required to have a minimum of \$500,000.

Is this request to lease part of an earlier agreement? \_\_\_\_\_ If yes, what are the conditions and terms, such as the per acre cost, initial length of term and option to renew?

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Are you presently enrolled in any USDA Programs? \_\_\_\_\_ If yes, please list the programs and provide a copy of all contracts and or terms.

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Do you have a written farm nutrient Management Plan? \_\_\_\_\_ If no, you will need to provide one 30 days after the lease has been executed.

- a) What type of application are you using? \_\_\_\_\_
- b) How often is the soil tested? \_\_\_\_\_
- c) Do you have a soil consultant? \_\_\_\_\_

If the land is highly erodible, you will need to develop a written conservation plan within 30 days after the Lease is executed.

How many acres are you requesting to lease from the Oneida Tribe? \_\_\_\_\_

What Sections, Township, Range and County are you requesting to lease?

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Applicant Signature

Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**For Tribal Members:**

Oneida Tribal Member: Your enrollment number: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Oneida Tribal Member: **Yes / No** If yes, their enrollment number: \_\_\_\_\_

Do you currently have a lease from the Oneida Tribe? **Yes / No** If yes, what type of lease do you have?

\_\_\_\_\_ Residential \_\_\_\_\_ Agricultural \_\_\_\_\_ Rental \_\_\_\_\_ Commercial

Are all your lease payments current? **Yes / No**

Do you currently have a mortgage loan from the Oneida Tribe? **Yes / No** If yes, what type of loan do you have?

\_\_\_\_\_ Repair \_\_\_\_\_ Equity Loan \_\_\_\_\_ Business Loan \_\_\_\_\_ Dream Loan \_\_\_\_\_ TLC Loan  
\_\_\_\_\_ Home \_\_\_\_\_ Veterans Loan \_\_\_\_\_ Other

Are all your loan payments current? **Yes / No**

Do you currently have any other outstanding debts owed to the Oneida Tribe, Oneida Housing, Oneida Seven Generation, Radisson, or any other tribal entities? **Yes / No** If yes, please explain:

\_\_\_\_\_

If you have had no prior experience in operating a business, please indicate if you have been attending a small business class, workshop, or seminar? **Yes / No** If yes, please provide us with a certificate.

Have you had a foreclosure, lien, bankruptcy or judgment filed against you in the last five years? **Yes / No** If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**Authorization to Release Information:**

**ORGANIZATION TO RELEASE INFORMATION**

Oneida Division of Land Management  
P.O. Box 365  
Oneida, WI 54155

**PURPOSE:**

The Oneida Division of Land Management may use this authorization and information obtained with it to administer the Agricultural or Commercial Lease(s) Documents

**AUTHORIZATION:**

I hereby authorize the release of any information including documentation and other materials pertinent to my eligibility for participation.

I hereby authorize the Division of Land Management to verify information on income, credit history, enrollments and records with the Oneida Accounting Department, Oneida Social Services Community Support, Oneida Utilities, and Oneida Division of Land Management, Oneida Housing Authority, Oneida Tribal School, Oneida Public Works, Financial Counselors, Banks and Credit Bureaus.

**CONDITIONS:**

I hereby agree that photocopies of this Authorization may be used for the purpose stated above.

If I do not sign this Authorization, I also understand that I will be denied the opportunity to participate in the above stated programs.

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Applicant Signature

Date

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Co-Applicant Signature

Date

