Environmental, Health, Land & Agriculture Division ONEIDA AGRICULTURAL LEASE APPLICATION



Date of Application

Reference Number:

Bid per Acre:

Applicant Name:			
Mailing Address:			
Phone Number:	C	Cell Phone Number:	
Business Name:			
Federal I. D.:	Oneida Enrollment #:	Social Security #:	
Co-Applicant Name:		-	
Mailing Address:			
Phone Number:		Cell Phone Number:	
Oneida Enrollment #:	Social Secu	ırity #:	
Please list any USDA program	ns you are enrolled in and pr	ovide a copy of all contracts and or terms.	
Please choose payment sched	dule: MonthlySemi-An	nuallyAnnually	
eligibility for participation. I h information on income, cred Social Services Community So	ereby authorize the Environ it history, enrollments and r upport, Oneida Utilities, and	ng documentation and other materials pertinent to my mental, Health, Land & Agriculture Division to verify ecords with the Oneida Accounting Department, Oneida Oneida Division of Land Management, Oneida Housing nancial Counselors, Banks and Credit Bureaus.	
Applicant Signature	Date		
Co-Applicant Signature	Date		

^{**} Within 30 days upon entering into an agricultural lease, the applicant is required to work with NRCS to develop a preliminary conservation plan, nutrient management plan, and pest management plan. Also, a certificate of liability insurance in the amount of no less than \$1 million will be required at the time of signing the lease.**