

Questionnaire for Farmland Assessment

Clinton County

Jacqueline Eversgerd, Chief County Assessment Officer

Farmland assessments are a preferential assessment according to 35 ILCS 200/1-60 and 35 ILCS 200/10-110 thru 152 of the Property Tax Code.

Property Owner Name _____

Parcel Number _____

Because farmland assessments are based upon primary use of the land, we would ask your cooperation in completing this questionnaire. This completed form will allow Clinton County Officials to verify if the *primary* use of the land is in fact farm.

Is the primary use of the land devoted to agricultural pursuits? YES _____ NO _____

1.) Does actual growing and harvesting of crops take place on this parcel? YES _____ NO _____

A) If yes, how many acres are used for crops? _____

B) How long has this activity taken place on this parcel? _____

2.) Are there any livestock kept on this parcel? YES _____ NO _____

A) If yes, check all that apply: Dairy _____, Hogs _____, Cattle _____, Poultry _____,
Other (please explain) _____

B) Approximately how many acres are used for pasture? _____

C) How long has this activity taken place on this parcel? _____

3.) If some other horticultural or agricultural activity takes place on this parcel, please describe.

4.) Is this parcel enrolled in the Conservation Reserve Program? YES _____ NO _____

(If yes, you must attach a copy of an approved contract and a copy of the map)

5.) Does this parcel have an approved forestry management plan with the Illinois Department of Natural Resources? YES _____ NO _____

(If yes, you must attach a copy of an approved contract and a copy of the map)

Our office cannot grant the assessment on a Forestry Management Program until we receive notification from IDNR that the plan is approve. (See Sec. 10-150 of Property Tax Code)

6.) Is this parcel part of a wildlife management program that involves the feeding, breeding and management of wildlife? YES _____ NO _____

(If yes, you must attach a copy of the approved plan and pictures of the breeding pens.)

8.) Does this parcel qualify for and/or receive USDA (FSA) payments or programs?

YES _____ NO _____ **(If yes, attach proof.)**

9.) According to the Bureau of Census definition of a farm, \$1,000 of agricultural products must be produced or sold, or normally would have been sold, from this parcel.

Is that true of this parcel? YES _____ NO _____

(over)

10.) Check buildings on this property: Home _____ Barn _____ Machine Shed _____
Poultry House _____ Hog Bldg. _____ Cattle Bldg. _____ Grain Bins _____
Other (please describe) _____

11.) Number of acres from this parcel involved in agriculture use: _____

12.) Number of acres from this parcel in any other use (including idle land): _____

13.) Number of acres in homesite (yard and residential buildings.)

14.) Do you own any other parcels that are used for agriculture? YES _____ NO _____
(If yes, please indicate parcel numbers and acreage involved.)

15.) Gross income derived from agricultural crops in the past year. _____

16.) Gross income derived from agricultural livestock in the past year. _____

To substantiate the request for the preferential farmland assessment. You must attach the following as evidence for the parcel you are requesting a farmland assessment on:

1. Copy of Schedule F from income tax
2. Weight tickets from elevators or sale barns
3. Receipts for feed, seed, chemicals, farm machinery, bedding, vet supplies, etc.
4. Receipts for commodities sold
5. If leased to others for farming, attach copy of lease.
6. USDA-Farm Service Agency map indicating Farm # & Tract # with number of acres.
7. Map depicting the area that agricultural practices are used.

All questions need to be answered and information attached for a determination to be made if the property qualifies for a farmland assessment.

I swear the above information to be correct to the best of my knowledge.

Signed: _____ Date: _____

Return to:
Supervisor of Assessments Office
Clinton County Courthouse
850 Fairfax St.
Carlyle, IL 62231
618-594-6610

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Official use, do not write in this space.

Approved _____

Does not qualify _____

Comments _____

Assessment Official _____ Date: _____