

AgriStability
AgriInvest **2023 Statement A**
Corporation/Co-operative and Special Individual

Participant information

Participant identification

First name/Entity name

Last name

Address

City/Town	Prov/Terr	Postal code
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Telephone number Cellphone number

Fax number

Email address

Participant identification number (PIN) **Note:** You must enter your PIN and BN unless you have not been assigned one.

Social insurance number (SIN)	Band number
Business number (BN)	
Trust number	Trust business number

T Language of preference English French

Contact person information

If you would like someone else to provide more information on your behalf, provide all details in this section. This applies only to the AgriStability and AgriInvest programs.

If you have a contact person, tick here:

First name

Last name

Business name

Address

City/Town	Prov/Terr	Postal code
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Telephone number Cellphone number

Fax number

Do you want a copy of your Calculation of Program Benefits (COB) for the AgriStability program sent to your contact person? Yes No

Note: If you have a contact person, you must complete this section each time you submit this form. The AgriStability and AgriInvest Administrations will replace any previous contact person you may have designated with the name you provide here.

By providing a contact person's name, you are authorizing both the AgriStability and AgriInvest Administrations to receive information from and to disclose information to the contact person, and to make changes to your applications as directed by the contact person.

Farming information

Province/Territory of main farmstead

Number of years you have farmed

Was 2023 your final year of farming? Yes No

Have you completed a production cycle on at least one of the commodities you produced? Yes No

If you ticked "No" to the above question, were you unable to complete a production cycle due to disaster circumstances? Yes No

Farm type

(Tick all applicable boxes)

<input type="checkbox"/> corporation	Year Month Day
<input type="checkbox"/> co-operative	Date of incorporation
<input type="checkbox"/> communal organization	<input type="checkbox"/> Status Indian farming on a reserve
<input type="checkbox"/> member of a partnership	<input type="checkbox"/> Band farm
<input type="checkbox"/> limited partnership	<input type="checkbox"/> trust
If this form is for a deceased person, enter the date of death.	
Year	Month Day

Federal public office holder or employee of AAFC

Are you, or anyone who participated in the preparation of this form on your behalf, a current or former federal public office holder or employee of Agriculture and Agri-Food Canada? Yes No

Other farming information

Location of main farmstead, indicate your district, county or municipality name and number:

Yukon and British Columbia - district
New Brunswick and Nova Scotia - county
Manitoba - municipality

District/County/Municipality name

District/County/Municipality number

Combined operations

Based on the AgriStability combining criteria outlined in the guide, should this operation be combined with another operation for the 2023 program year? Yes No

NOTE: If your operations were combined in your last year of participation, they will automatically be combined for 2023, unless you answered "No" to the previous question.

If your operations should be combined in the 2023 program year, or were previously but should no longer be combined, indicate the PIN(s) that should be added or removed from your whole farm.

<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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AgriStability
AgrilInvest

2023 Statement A

Corporation/Co-operative and Special Individual

Confidential information and participant consent

Agriculture and Agri-Food Canada (AAFC) and the Canada Revenue Agency (CRA) are committed to protecting the privacy of your information. The information on this Statement A (hereafter this form), which includes Statement B, where you have other farming operations, is collected under the authority of the Farm Income Protection Act and will be used exclusively for the purposes of:

- administering your participation in the AgriStability and AgrilInvest programs
- determining your eligibility for benefits
- verifying the information submitted
- issuing tax receipts
- administering benefits under other farm income and special assistance programs
- audit, analysis, and evaluation of the AgriStability and AgrilInvest programs and other farm income and special assistance programs by the Administration, AAFC, the provincial or territorial governments or third parties engaged for that purpose

AAFC collects the social insurance number (SIN), under the authority of section 19 of the Farm Income Protection Act, to report a taxable benefit to the CRA.

By completing this form you authorize the Administration, the provincial and territorial governments, administrators of other farm income and special assistance programs, and third parties possessing information relevant to the administration of, and your participation in, the AgriStability and AgrilInvest programs to share such information with AAFC.

All applicants except Status Indians and Band farms: by completing this form, you authorize the CRA to share information from this form with AAFC, and you authorize AAFC, where relevant, to share the information on the form and any additional information that is provided as the application is processed, with the CRA, the Administration, provincial and territorial governments and with the administrators of other federal/provincial farm programs.

Status Indians and Band farms: AAFC agrees that information provided by Status Indians and Band farms to the AgriStability and AgrilInvest programs will not be disclosed to CRA by the Administration, unless disclosure is required by law. By completing and submitting this form you authorize the Administration to share information from this form with AAFC, and authorize AAFC to share the information on the form and any additional information that is provided as the application is processed, with provincial or territorial governments and with the administrators of other federal/provincial farm programs.

If you do not consent to the sharing of information described herein you may be ineligible to participate in the AgriStability or AgrilInvest programs or receive benefits or adjustments to benefits under the AgriStability and AgrilInvest programs.

You have the right to access the personal information held by federal departments and to request changes to incorrect personal information. For more information about your rights regarding the Privacy Act contact the Access to Information and Privacy Directorate at the Canada Revenue Agency at ATIP-AIPRP@cra-arc.gc.ca or the AAFC Access to Information and Privacy Coordinator at aafc.atip-aiprp.aac@canada.ca and reference CRA PPU 005, CRA PPU 025 and/or AAFC PPU 183.

In addition, by submitting this form for benefits under the AgriStability and AgrilInvest programs, you:

- 1) certify that the information provided is complete and correct
- 2) declare that the structure of this farming operation has not been altered or created for the purpose of manipulating program benefits or avoiding prescribed maximum limits on program payments
- 3) understand and agree that any Interim or Targeted Advance payment of AgriStability program funds will be deducted in the calculation of a final AgriStability program payment
- 4) agree that you will repay any amounts paid to you by the AgriStability and AgrilInvest programs that are in excess of the amount calculated under the program rules and understand that any amount you owe to the Crown may be subtracted from any payments to be sent to you by the Crown
- 5) understand that interest will be charged on overpayments
- 6) understand and agree that the information you submit may be combined with the information of other participants for the purposes of determining AgriStability and AgrilInvest benefits, and consent to the disclosure of information pertaining to you or your financial affairs to the other participants who are being combined with your information
- 7) understand and certify that where you have provided information about other individuals or entities you have been authorized by those individuals or entities to provide that information
- 8) understand and agree that where you have provided information about other individuals or entities, if they request to see the information you have submitted about them, the Administration will give them access to that information
- 9) understand and agree that the person you identified on this form as your contact person may receive information relating to your application from the Administration and may instruct the Administration to modify information relating to your application
- 10) consent to third parties, CRA, and other government programs disclosing to the Administration, upon its request, any information pertaining to you or your financial affairs which the Administration considers necessary for the purpose of verifying the AgriStability and AgrilInvest benefit or the information provided on this form
- 11) understand that it is a criminal offence to make a false statement in application for program benefits and any declarations made are subject to audit