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| <b>CCC-855</b><br>(09-12-19)<br><br><b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation<br><br><b>ANNUAL LEASE AGREEMENT<br/>         CERTIFICATION STATEMENT</b> | 1.State         |
|   | 2. County       |
|   | 3. Program Year |

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1416, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79), as amended. The information can be used to certify a lease agreement pertaining to any FSA programs. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information may result in a determination of ineligibility for FSA program benefits.

**Paperwork Reduction Act (PRA) Statement:** The information collection is exempted from PRA as specified in 7 U.S.C. 9091(c)(2)(B).

The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

**LEASE AGREEMENT CERTIFICATION STATEMENT**

4. Operator/Tenant (Lessee) (Print):

5. Landowner/Landlord/Original Lessee (Lessor) (Print):

|                        |  |                        |                      |
|------------------------|--|------------------------|----------------------|
| 6. FSA Farm Number(s): | 7. Number of Acres Leased (if applicable): | 8. Lease Commenced on: | 9. Lease Expires on: |
|------------------------|--|------------------------|----------------------|

|  |  |  |  |
|--|--|--|--|
| 10. Is this a sublease?<br>(if "Yes" attach original lease):<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 11. Number of AUMs/AUs/Livestock<br>(if applicable): | 12. Grazing Start Date<br>(if applicable): | 13. Grazing End Date<br>(if applicable): |
|--|--|--|--|

14. Terms of the Lease Agreement (Check the appropriate box):

|  |   |
|--|---|
| <input type="checkbox"/> Dollar/Acre Rental Arrangement. | <input type="checkbox"/> Rate of Gain.                    |
| <input type="checkbox"/> Cash or Fixed Dollar Amount.    | <input type="checkbox"/> Cost Per Head, Per Day or Month. |
| <input type="checkbox"/> Share Rent.                     | <input type="checkbox"/> Animal Unit Month Basis.         |
| <input type="checkbox"/> Combination or Flex.            | <input type="checkbox"/> Other (Specify):                 |

15. Please provide any additional details under the terms of this lease (additional expenses, pasture maintenance, well and fence repair, etc.):

**I certify that all the information entered on this form, whether personally entered by me or by someone else on my behalf is true and correct to the best of my knowledge. I further certify that I entered into a lease agreement with the Operator/Tenant specified in Item 4 or Landowner/Landlord in Item 5 beginning on the date specified in Item 8 or Item 12 and ending on the date in Item 9 or Item 13. I certify that the terms of the lease agreement entered above are true and correct for the specified farm(s) listed in Item 6 for the period of the lease agreement entered above.**

|                               |  |                        |
|-------------------------------|--|------------------------|
| 16A. Signature of Lessee (By) | 16B. Title/Relationship of the Individual Signing in a Representative Capacity | 16C. Date (MM-DD-YYYY) |
| 17A. Signature of Lessor (By) | 17B. Title/Relationship of the Individual Signing in a Representative Capacity | 17C. Date (MM-DD-YYYY) |

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