## **ODAP Independent Income/Expense Verification Form**

The applicant's accountant, attorney, or tax preparer may complete and sign this form. If this form is used, the applicant does not need to provide copies of tax documents when filing the ODAP application with the lending institution.

Applicant's Name:	
Applicant's Federal Tax ID#/Business ID#/Social Se	ecurity#:
2017 Schedule F Gross Farm Income:	\$
2018 Schedule F Gross Farm Income:	\$
2019 Schedule F Gross Farm Income:	\$
2020 Schedule F Gross Farm Income:	\$
2021 Adjusted Gross Income or Taxable Income than \$500,000	is less
2021 Schedule F Gross Farm Income:	\$
☐ Check if 2021 information is an estimate.	
For Livestock Producers only:	
(Schedule F Principal crop or activity code must be a	an Animal Production code)
For purposes of this form, Livestock Expenses sha 18, 19, 24b, 26, and 31 of the applicant's Schedule	
2017 Livestock Expense:	\$
2018 Livestock Expense:	\$
2019 Livestock Expense:	\$
2020 Livestock Expense:	\$
(Not required unless applicant did not have farm expense of the above years)	es for one
2021 Livestock Expense:	\$
☐ Check if 2021 information is an estimate.	
☐ Check if Applicant is a C or S corporation that does are the equivalents to the information required for a	es not file a Schedule F. All income and expenses provided Schedule F.
I certify that I am not an owner or employee of the appand it is true and accurate to the best of my knowled	plicant and I have direct knowledge of the above information lge and belief.
Signed: Da	te:
Name: Titl	e:
Firm Name:	
Phone: Em	nail: