

**2008****STATEMENT A**  
**AgriStability and AgrilInvest Programs Information and**  
**Statement of Farming Activities for Individuals**

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**6****AgriStability and AgrilInvest programs participant**

First name Valued	Last name Client
Telephone (days) ( ) -	Telephone (evenings) (613) 489-3583
	Fax Number ( ) -

If you have a Contact Person check here : **Note:** You must complete all the details in the Contact Person section each time you submit this form.

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

To authorize a representative to access tax information, complete Form T1013, *Authorizing or Cancelling a Representative*.**Contact Person**

First name	Last name
Business Name	Address
City/Town	Province NA
	Postal code
Telephone (days) ( ) -	Fax number ( ) -

**Participant profile**Is this Application for: **AgriStability only**  **AgriStability and AgrilInvest**  **AgrilInvest only** 

Participant Identification Number (PIN):		Industry code:	
Social Insurance Number (SIN):	111 111 118	Province of main farmstead:	NA
Number of years you have farmed:		Was 2008 your last year of farming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you completed a production cycle on at least one of the commodities you produced?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "no" to the above question, were you unable to complete a production cycle due to disaster circumstances?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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**Confidential Information and Participant Consent**

**I 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. I understand that it is a criminal offense to make a false statement in application for program benefits and any declarations made are subject to audit.**

Agriculture and Agri-Food Canada is committed to protecting the privacy of your information. The information on this form, including your Social Insurance Number, will be used exclusively for the purposes of administering your participation in the AgriStability and AgriInvest programs, determining your eligibility for benefits, verifying the information submitted, administering the premium adjustment linkage between production insurance and the AgriStability program, as well as for the purposes of administering benefits under other farm income and special assistance programs, and for purposes of audit, analysis, and evaluation of the AgriStability and AgriInvest and other farm income and special assistance programs.

By completing this form, you authorize the Canada Revenue Agency (CRA) to share information from your Statement A with the Minister of Agriculture and Agri-Food, and you authorize the Minister of Agriculture and Agri-Food to share the information on the form and any additional information that you provide as your application is processed, with provincial ministers of agriculture and with the administrators of other federal/provincial farm programs.

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

- 1) certify that the information provided is complete and correct;
- 2) understand and agree that any interim payment of AgriStability and AgriInvest programs funds will be deducted in the calculation of final AgriStability and AgriInvest payments;
- 3) agree that you will repay any amounts paid to you by the AgriStability and AgriInvest 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;
- 4) understand and agree that the information you submit may be combined with the information of other participants for the purposes of determining AgriStability or AgriInvest 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;
- 5) 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;
- 6) 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 Federal AgriStability and AgriInvest Administration will give them access to that information;
- 7) understand and agree that the person you identified on this form as your contact person(s) under Section I may receive information relating to your application from the Administration and may instruct the Administration to modify information relating to your application; and
- 8) consent to third parties, the 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 AgriInvest benefit or the information provided on this form.

The *Privacy Act* protects information given on this form, which is kept in personal information bank numbers AAFC/P-PU-183 and CRA/P-PU-005.



