

Identification Number	AgriStability PIN - add zeros at front to equal 8 digits
8 7 0 _____	_____

Client Information:
Business Name _____
Business Address _____
Contact Person (must be a client or shareholder of the company) _____

Fiscal Year-end:	Year <input style="width: 50px;" type="text"/>	Month <input style="width: 50px;" type="text"/>	Day <input style="width: 50px;" type="text"/>												
<p>Program Year Farming Activity *Six months of consecutive farming activity and a production cycle must be completed to be eligible for an interim.</p> <p>(a) Were you a crop / production share landlord in the program year? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>(b) Do you farm with anyone else (e.g. share farm equipment; provide labour in return for fertilizer, feed, etc.) Please explain and provide names of others you farm with.</p> <p>_____</p> <p>_____</p> <p>(c) Has there been a significant change in the size, nature or practices of your farming operation? Please explain:</p> <p>_____</p> <p>_____</p> <p>(d) Please indicate the amount of assistance, if any, you have received/expect to receive from the following in the program year:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Production / Hail Insurance</td> <td style="text-align: right; padding-right: 10px;">\$</td> <td style="border-bottom: 1px solid black; width: 150px;"></td> </tr> <tr> <td style="padding-left: 20px;">Livestock Price Insurance Payment</td> <td style="text-align: right; padding-right: 10px;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 20px;">AgriRecovery Program Payment</td> <td style="text-align: right; padding-right: 10px;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding-left: 20px;">Other Allowable Payments</td> <td style="text-align: right; padding-right: 10px;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> <p>(Specify) _____</p>				Production / Hail Insurance	\$		Livestock Price Insurance Payment	\$		AgriRecovery Program Payment	\$		Other Allowable Payments	\$	
Production / Hail Insurance	\$														
Livestock Price Insurance Payment	\$														
AgriRecovery Program Payment	\$														
Other Allowable Payments	\$														

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Do Not Use This Area	Date Stamp – primary	Date Stamp – secondary
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2026 AgriStability Interim Application

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(e) If you have crop or livestock production share, report only your share of acres and livestock.

Report all production, including amounts being fed. If there is insufficient space, please attach an additional sheet.

Crop / Forage Description	Number of Acres	Grade	Contract (if applicable)	Estimated yield per acre for ENTIRE program year (specify units e.g. bushels)
Unseeded Acres (if applicable)				
Total				

(f) **Livestock:** Estimate activity for ENTIRE program year. (If there is insufficient space, please attach an additional sheet.)

Please indicate if cattle are Purebred or Commercial: Purebred Commercial

	Cows Calved	Market Hogs Sold	Weaner / Feeder Hogs Sold	Other (specify):
Number (Head)				

	Number Purchased	Number Sold	Days Fed		Number Purchased	Number Sold	Days Fed
Feeder Cattle (up to 1,200 lbs.)				Fat Cattle (over 1,200 lbs.)			
Other (specify):							

(g) **Pasture Related Feed Costs - Reference Margin Information:** Refer to the 2026 AgriStability Interim Application Guide for instructions on completing this section.

	2021	2022	2023	2024	2025
Nothing to report	<input type="checkbox"/>				
Line 9811 - Rent (land, buildings, pastures) per Statement A / T1163					
Allowable pasture related feed costs included in line 9811					
Opening unpaid expenses - pasture related feed costs					
Ending unpaid expenses - pasture related feed costs					
Opening prepaid expenses - pasture related feed costs					
Ending prepaid expenses - pasture related feed costs					



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AFSC Privacy Collection Notification

AFSC collects information for the purpose of operation and administration of our programs and services. Any information you provide to us related to this purpose, whether personal information or business information, (the “**Collected Information**”) is collected under the authority of the *Protection of Privacy Act (Alberta)* under section 4(c). AFSC may use the Collected Information in automated systems to generate content and to make decisions, recommendations and predictions.

If you have any questions about this notification, or about the collection and use of your information, please contact AFSC by mail at 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372, or privacy@afsc.ca.

Client Declaration

I / We declare that all of the information provided in this form is accurate and true and I / we understand that I / we must notify the Agriculture Financial Services Corporation (AFSC) immediately if I / we discover that any of the information contained in this form is inaccurate or untrue. Should the information I / we provided not be accurate or true, I / we agree that AFSC may cancel any application or approved subscription issued in reliance on such provided information.

I / We acknowledge that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other conflict of interest and / or values and ethics codes applicable within provincial or territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.

For individual participants, the individual must sign. For corporations and other entities, authorized signatories must sign. All partners must submit a separate application.

Client Signature _____ Date _____

Client Signature _____ Date _____