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IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP
Division of Soil Conservation and Water Quality

Soil and Water Conservation District

Name:

Address:

LEGAL ENTITY FORM
MEMBER'S INFORMATION AND SIGNATURE AUTHORITY

NOTE – READ THIS SECTION BEFORE COMPLETING THIS FORM:

This form is only to be completed if a "Legal Entity" will be a participant required to sign documentation associated with an application to receive State Cost Share Assistance. For the purpose of State Cost Share Assistance programs, a "Legal Entity" is defined as "an entity which has been assigned a Federal Tax ID Number (EIN) for tax identification purposes". Entities which use a Social Security Number as the tax identification number are not considered a "Legal Entity" for State Cost Share Assistance programs and this form is not applicable to them. For Entities in this category, please contact the Soil and Water Conservation District for assistance. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for State Cost Share Assistance program benefits.

RETURN THIS COMPLETED FORM TO THE SOIL AND WATER CONSERVATION DISTRICT OFFICE.

PART A - For each individual or entity who is a member of this entity, list the member's name, address, percentage share of ownership, and whether or not they have signature authority for the entity.

Name of Legal Entity _____ Complete Tax ID Number _____ - _____

Entity Type (Federal Income Tax Classification):

- Corporation
- Partnership
- Trust
- Government
- Estate
- Sole Proprietorship
- Public Sector Service Corporation
- Other (Explain) _____

Member's Name	Address	Percent Share	Does this member have signature authority for the legal entity? (Yes or No)
		%	<input type="checkbox"/> YES <input type="checkbox"/> NO
		%	<input type="checkbox"/> YES <input type="checkbox"/> NO
		%	<input type="checkbox"/> YES <input type="checkbox"/> NO
		%	<input type="checkbox"/> YES <input type="checkbox"/> NO
		%	<input type="checkbox"/> YES <input type="checkbox"/> NO
		%	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART B- SIGNATURE AUTHORITY CERTIFICATION - By Signing:

- I certify that I have signature authority for the entity identified in Part A and all information entered on this document is true and correct.
- I understand that furnishing incorrect information will result in forfeiture of payments and benefits.
- I will, in a timely manner, provide written notification to the Soil and Water Conservation District listed on this form of any changes in the information available.

Representative's Name (Please Print) _____		
Representative's Signature _____	Title/Relationship of Individual Signing in the Representative _____	Date (MM-DD-YYYY) _____