

HOMESTEAD PROPERTY INFORMATION

Real Estate Parcel Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MO ZIP: \_\_\_\_\_

APPLICANT INFORMATION

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address (if different from Physical Address):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CHECK ONE:** Are you applying as (choose one)

☐ Individual/Joint Ownership

☐ Other Entity (If other entity is selected, please attach trust agreement, operating agreement, etc.)

REQUIRED ELIGIBILITY DOCUMENTATION FOR EACH APPLICANT

**Proof of Identity and Date of Birth (present any ONE of the following documents (Please be sure that your date of birth is on the document you will be providing) if applying in person or include a COPY if applying by mail or email):**

☐ Driver/Non-Driver License

☐ Other State/Federal Photo ID

**Proof of Ownership (Must provide both.) Any Deed with more than 1 residence will be denied**

☐ Updated Deed identifying applicant(s) as owner(s) of the property (Deed of Release **NOR** beneficiary deed will be an acceptable deed type).

☐ Current Paid Tax Receipt for Parcel (If taxes are unpaid credit cannot be extended).

(APPLICATION CONTINUES ON NEXT PAGE)



County of Cedar, Missouri (Revised as of 10.30.2025)  
Senior Citizen Tax Credit as authorized by County Ordinance #20241230  
Applications BEGINS February 1<sup>st</sup> Annually, and are DUE BY MAY 31<sup>st</sup> Annually

APPLICANT CERTIFICATION

1. I have read the statements and questions included in this application. I understand them and represent that all responses are true and accurate.
2. I am claiming only one property as a homestead for purposes of a Senior Citizen Property Tax Credit in Missouri, and I do not claim real property anywhere else in the United States of America as a primary residence.
3. I understand Cedar County will materially rely on the information in this application. I further certify:
  - a. I am an owner of record of the homestead for which I am seeking a Senior Citizen Property Tax Credit, or I have legal or equitable interest in such property by written instrument.
  - b. I am liable for the payment of real property taxes on such homestead and am not delinquent with such taxes.
  - c. I occupy such homestead as my primary residence for which I am seeking a Senior Citizen Property Tax Credit.
4. I understand I may be charged with a Class B misdemeanor as stated in § 575.060, RSMo, if any information submitted in this application is found to be a false declaration. I am not aware of any information which would prohibit or disqualify me from receiving a Senior Citizen Property Tax Credit for the homestead identified in this application.

Signature (Applicant 1)

Date

Signature (Applicant 2)

Date

**Note: 2<sup>ND</sup> signature required when two applicants apply for the same property.**  
**Notary required for all signatures and must be present together for notarization.**

Emboss or black ink rubber stamp seal	Subscribed and sworn before me, this		
	_____ day of _____, _____		
	State	County	My Commission Expires
	Signature		
Printed Name			

**RETURN APPLICATION TO THE CEDAR COUNTY COLLECTORS OFFICE**

**IN-PERSON  
OR MAIL:**

**CEDAR COUNTY COLLECTOR  
113 SOUTH STREET  
STOCKTON, MO 65785**

**EMAIL:**

**COLLECTOR@CEDARCOUNTYMO.GOV**

FOR OFFICE USE ONLY

**ELIGIBILITY VERIFICATION:** ☐ Approved ☐ Denied – Reason \_\_\_\_\_