

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).

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: 2ND signature required when two applicants apply for the same property.
Notary required for all signatures and must be present together for notarization.

Embossed or black ink rubber stamp seal

Subscribed and sworn before me, this

day of _____

State	County	My Commission Expires
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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:

<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied – Reason
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