

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 (present any ONE of the following documents if applying in person or include a COPY if applying by mail or email):

☐ Driver/Non-Driver License

☐ Voter Registration Card

☐ Other State/Federal Photo ID

Proof of Ownership (Must provide both.)

☐ Deed identifying applicant(s) as owner(s) of the property (Deed of Release is not 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

Senior Citizen Tax Credit as authorized by County Ordinance #20241230

Application *DUE BY MAY 31st 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 on 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.**

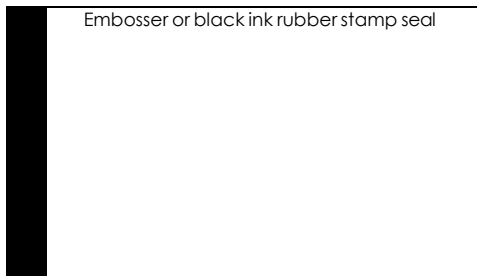
Signature (Applicant 1)

Date

Signature (Applicant 2)

Date

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

	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 _____