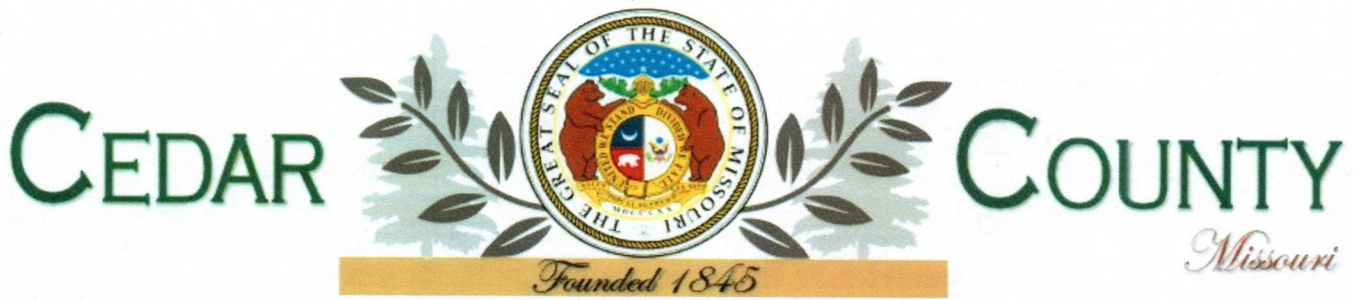




Senior Citizen Tax Credit Application (ONLY FOR NEW APPLICANTS)
Authorized by County Ordinance #20241230

 **APPLICATION PERIOD: MARCH 15 – MAY 15**

 *Applications must be postmarked or submitted by May 15.*

 I. APPLICANT INFORMATION

- Applicant One Full Name _____
- Applicant Two Full Name _____
- **Ownership Type:** Individual/Joint Trust / LLC / Other Entity **(Please Circle One Option)**
(If an entity is selected, please attach your trust or operating agreement)
- **Date of Birth (Applicant One):** _____ **Date of Birth (Applicant Two):** _____
- **Applicant One Phone:** _____ **Applicant Two Phone:** _____
- **Mailing Address:** (if different from physical address listed below)

- **City / State / Zip:** _____
- **Applicant One Email** _____ **Applicant Two Email** _____

 II. ELIGIBILITY & PROPERTY STATUS

- **Parcel Identification Number:** _____
- **Physical Address of Primary Residence:** _____

Please check **Yes** or **No** for each statement:

1. ☐ **Yes** ☐ **No** — I occupy this property as my primary residence.
2. ☐ **Yes** ☐ **No** — I am a legal resident of the State of Missouri.
3. ☐ **Yes** ☐ **No** — I am 62 years of age as of January 1 of the current year
4. ☐ **Yes** ☐ **No** — All real estate taxes on this homestead are paid through the current year.
5. ☐ **Yes** ☐ **No** — My current homestead assessment is under active appeal.

III. PROPERTY IMPROVEMENTS & NEW CONSTRUCTION

- [] Yes [] No — Have any improvements or additions been made to the Homestead in the past year?
- [] Yes [] No — Has there been any recent new construction on this property?

(If Yes, please briefly describe the new construction: _____)

IV. REQUIRED DOCUMENTATION CHECKLIST

Please attach clear copies of the following documents to your application:

-  **Proof of Residency:** Missouri Driver's License or Non-Driver ID. ☐
-  **Proof of Ownership:** A copy of the property deed or instrument showing legal/equitable interest. ☐
-  **Tax Verification:** A copy of your most recent Paid Tax Receipt for this parcel. ☐
-  **Proof of Age:** A government-issued document displaying your date of birth. ☐

V. CERTIFICATION & SIGNATURE

By signing below, I certify under penalty of perjury that I am a Missouri resident aged 62 or older, that I own and occupy this homestead as my primary residence, and that all information provided is accurate. False declarations are subject to misdemeanor charges under Sections 575.050 and 575.060, RSMo.

Note: A second signature is required when two applicants apply for the same property.

NOTARY REQUIRED FOR ALL SIGNATURES AND MUST BE PRESENT TOGETHER FOR NOTARIZATION

Applicant One Signature: _____ Date: _____

Applicant Two Signature: _____ Date: _____

VI. NOTARY PUBLIC ACKNOWLEDGEMENT

Required for all new submissions. The Cedar County Collector's Office can provide free in-person notary services.

Subscribed and sworn before me this _____ day of _____, 20_____

State of Missouri, County of _____

Notary Public Signature: _____

Printed Name: _____ My Commission Expires: _____

(Place Seal/Stamp Above)

RETURN APPLICATION TO THE CEDAR COUNTY COLLECTORS OFFICE

IN PERSON OR MAIL: CEDAR COUNTY COLLECTOR | PO BOX 280, STOCKTON, MO 65785 | EMAIL: COLLECTOR@CEDARCOUNTYMO.GOV