



Carroll County Senior Property Tax Relief Program

2026 Application

The 2026 application completed in its entirety and all required documents are due by **June 30, 2026.**

Parcel Number _____

Located on your real estate property tax bill or receipt.

Property Address _____

Owner of Record _____

Ownership Type Individual/Joint Trust LLC

APPLICANT INFORMATION

Applicant Name _____ Applicant Name _____

Date of Birth _____

Yes No Is the applicant 62 or older?

Yes No Does the applicant occupy the property as their primary residence?

Date of Birth _____

Yes No Is the applicant 62 or older?

Yes No Does the applicant occupy the property as their primary residence?

Phone Number _____

Phone Number _____

E-mail Address _____

E-mail Address _____

Mailing Address _____

City _____

State _____

Zip Code _____

PROPERTY INFORMATION

The following information will not impact eligibility.

Yes No Is the valuation of this property being appealed with the County Assessor?

Yes No Have any improvements or additions been made to this property in the past year?

REQUIRED DOCUMENTS

You MUST attach copies of the following required documents to this application.

- Proof of Identity and Age**
Attach a copy of one of the following documents:
- Driver's License
 - Birth Certificate
 - Passport
 - Government-Issued Form of Identification

- Proof of Primary Residency**
Attach a copy of one of the following documents:
- **Missouri** Driver's License
 - **Carroll County** Voter Registration Card
 - **Missouri** non-driver's License

- Proof of Ownership**
Write the book and page numbers of your **Deed, NOT** the following:
- Deed of Trust
 - Deed of Release
 - Plat or Survey
- Contact the Assessor for more information.
- Deed Book** _____ **Page** _____
- If the property is owned by a trust, attach the trust agreement identifying applicant as a trustee.
 - If the property is owned by an LLC, attach the operating agreement identifying applicant as a member.

OFFICE USE ONLY

- Yes No 62 or older?
 Yes No Primary residence?
 Yes No Owner or legal or equitable interest?
 Yes No Taxes Paid?

Reviewer: _____ Date: _____

- Yes No Parcel listed contains home?

Assessor Approval: _____
 Date: _____
 Collector Approval: _____
 Date: _____

Commission Approval

APPROVED DENIED
 Reason for Denial: _____
 Signature: _____
 Date: _____

CERTIFICATION

1. I have read the statements and questions included in this application and understand them and certify that all responses are true and accurate.
2. I have the authority to act on behalf of the owners and occupants of the Property, and I have not claimed more than one primary residence as a homestead for the purpose of a property tax credit in Missouri or elsewhere.
3. I understand the County will rely on the information provided by the Applicant in this Application and this Certification is a material representation in evaluating this application for property tax credit.

I specifically certify the following:

- a. I am a resident of the State of Missouri.
- b. I am 62 or older.
- c. I am the owner of record of the homestead for which I am seeking a property tax credit or have legal or equitable interest in such property by written instrument.
- d. I am liable for the payment of real property taxes on such homestead.
- e. I occupy the homestead as my primary residence for which I am seeking the Carroll County Senior Tax Relief credit.

I understand I may be charged with a Class A misdemeanor as stated in Section 575.050 RSMo if any information submitted in this application is found to be a false declaration and I am not aware of any information that would prohibit or disqualify me from receiving the tax credit for the homestead identified in this Application.

▽▽▽ Sign below in the presence of a notary public! ▽▽▽

Applicant Name (Printed) _____ **Applicant Signature** _____

STATE OF MISSOURI)
) §
COUNTY OF _____)

SUBSCRIBED and sworn before me, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

Applicant Name (Printed) _____ **Applicant Signature** _____

STATE OF MISSOURI)
) §
COUNTY OF _____)

SUBSCRIBED and sworn before me, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

SUBMIT COMPLETED AND NOTARIZED APPLICATION & REQUIRED DOCUMENTS TO:

Carroll County Collector
Carroll County Courthouse
8 S Main, Ste. 2
Carrollton, MO 64633

Please allow up to thirty (30) days for your application to be reviewed and notifications to be mailed.