Carroll County Senior Property Tax Relief Program Application

The Collector's Office only accepts applications from April 1st – June 30th each year

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

Parcel Number _____

Property Address _____

Located on your real estate property tax bill or receipt.

Owner of Record _____

Ownership Type ☐ Individual/Joint ☐ Trust ☐ LLC

Assessor ***Collector*** ***Applicant***

APPLICANT INFORMATION

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?

Phone Number _____

E-mail Address _____

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?

Phone Number _____

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.