



# Polk County Senior Real Estate Property Tax Relief Program

The application completed in its entirety and required documents are due by May 31st annually.

Date of Application: \_\_\_\_\_

Owner of Record \_\_\_\_\_ *As recorded in the Recorder of Deeds' office.*

Parcel Number \_\_\_\_\_ *Can be found on real estate property tax bill and/or receipt.*

Property address \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name(s) \_\_\_\_\_ ; \_\_\_\_\_

Date of Birth \_\_\_\_\_ ; \_\_\_\_\_

Ownership Type  Individual/Joint  Other Entity *If Other Entity selected, attach trust agreement, operation agreement, etc.*

Yes  No Was the applicant 62 or older before January 1<sup>st</sup>

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### PROPERTY INFORMATION

Yes  No Does the parcel include more than your Homestead?  
*A Homestead is the real estate property occupied by Eligible Taxpayer as their primary Residence.*

Yes  No Does the parcel include more than one structure that serves as a dwelling unit?

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

Yes  No Is the current homestead assessment under appeal?

Yes  No Are real property taxes on this property paid via escrow with your mortgage payment?

### REQUIRED DOCUMENTS

*Please attach copies of the required documents to this application.*

**Proof of Identity and Age**  
*Include one of the following: Government-Issued Identification, such as, Driver's License, Birth Certificate, Passport, etc.*

**Proof of Missouri Residency**  
*Include one of the following: Driver's License, Voter Registration Card, state-issued nondriver identification, etc.*

**Proof of Ownership**  
**Deed Book \_\_\_\_\_ Page \_\_\_\_\_**  
*Or include a copy of deed identifying Applicant as an owner of the Property, or a written instrument showing applicant has legal or equitable interest in the Property*

**CERTIFICATION**

*Please read and initial the following statements:*

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 or my spouse 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 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.
- c. I am liable for the payment of real property taxes on such homestead.
- d. I occupy the homestead as my primary residence for which I am seeking the Polk County Senior Real Estate Tax Relief credit.

**I understand I may be charged with a misdemeanor as stated in Section 575.050 and/or 575.060, 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 Signature _____	Applicant Name (Printed) _____
Applicant Signature _____	Applicant Name (Printed) _____

STATE OF MISSOURI    )  
                                   ) SS  
 COUNTY OF POLK        )

SUBSCRIBED and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

**SUBMIT COMPLETED AND NOTARIZED APPLICATION AND REQUIRED DOCUMENTS TO:**

Polk County  
 Attn: Tax Relief Program  
 102 E Broadway, Room 11  
 Bolivar, MO 65613

**ELIGIBILITY VERIFICATION**

Approved    Yes    No   Reason \_\_\_\_\_

Commission Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_