

**OFFICE USE ONLY**

Applicant Name \_\_\_\_\_

Assessment Year \_\_\_\_\_

Assessor or Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Type of Application**

- Owner Occupied
- Relative/Residential
- Relative/Agricultural

**Determination**

- Approved
- Denied

## Homestead Application

Applications are due to your county assessor's office by **December 15**. For manufactured homes assessed as personal property, applications are due **May 29**. Please read all instructions before completing this application. **NOTE: Each applicant must complete a separate form to apply for homestead (see Section 2 for married couple applicant instructions).**

**This section MUST be completed. Please provide the following information on the property you are claiming homestead.**

**SECTION 1: PROPERTY INFORMATION**

Address of Property \_\_\_\_\_

Property ID Number (Found on the Property Tax Statement) \_\_\_\_\_

City	State	Zip Code	County
Date Purchased	Date Occupancy Established by Applicant(s)		

**This section must be completed by EACH individual or married couple applying for homestead. By completing this section, you certify you (and your spouse if applicable) are a Minnesota resident, and occupy the property described above as your primary place of residence. You also certify that the information you provide is true and correct to the best of your knowledge.**

**SECTION 2: OCCUPANT INFORMATION**

Occupant First Name and Initial	Occupant Last Name	Social Security Number	
Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated			
If married, does your spouse occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Address			
City	State	Zip Code	County
Date Vacated	<b>Check One:</b> Did you claim homestead at your previous address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupant's Spouse First Name and Initial	Occupant's Spouse Last Name	Social Security Number/ITIN	
Previous Address			
City	State	Zip Code	County
Date Vacated	<b>Check One:</b> Did you claim homestead at your previous address? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION 3: HOMESTEAD APPLICATION**

**Complete Section 3A to apply for residential homestead OR Section 3B to apply for agricultural homestead. NOTE: If you are not sure whether you qualify for agricultural homestead, please contact your county assessor.**

<b>SECTION 3A: RESIDENTIAL HOMESTEAD APPLICATION</b>	<b>OR</b>	<b>SECTION 3B: AGRICULTURAL HOMESTEAD APPLICATION</b>
Are you claiming residential homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you claiming agricultural homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse claiming residential homestead at this property as well?(If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you or your spouse claim another agricultural homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your spouse claiming agricultural homestead at this property as well? (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not an owner, are you a qualifying relative of an owner? <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not an owner, are you a qualifying relative of an owner? <sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
		If you are a qualifying relative, are there any other agricultural relative homesteads in Minnesota for your family? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4: RELATIVE HOMESTEAD APPLICATION**

**Complete this section ONLY if you are a qualifying relative applying for homestead. Otherwise, skip to Section 5.**

Property Owner First Name and Initial	Property Owner Last Name	Relationship to Applicant	
Property Owner Mailing Address			
City	State	Zip Code	County
Is the property owner a Minnesota resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION 5: SIGNATURE**

**Sign Here (Applicant)**  
**I certify that the above information is true and correct to the best of my knowledge. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison. This application must be signed by all owners who occupy the property or by the qualifying relative and returned to the county assessor to receive homestead treatment.**

<b>Signature of Applicant</b>	Date	Daytime Phone
Evening Phone	Email	
<b>Signature of Applicant's Spouse (If Applicable)</b>	Date	Daytime Phone
Evening Phone	Email	
<b>Signature of Other Owner/s (If Applicable)</b>	Date	Daytime Phone
Evening Phone	Email	
<b>Signature of Other Owner/s (If Applicable)</b>	Date	Daytime Phone
Evening Phone	Email	

**Please complete both sides and mail this completed application and all required attachments to your assessor.**

<sup>1</sup>Qualifying relative for **residential homestead** include; parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

<sup>2</sup>Qualifying relative for **agricultural homesteads** include; grandchild, child, sibling, or parent of the owner of the agricultural property or the spouse of the owner.