OFFICE USE ONLY					_		
pplicant Name			Type of Ap	plication	☐ Owner Occupied ☐ Relative/Residential		
Assessment Year					Relative/Agricultural		
Assessor or Representative's Signature			Determina	tion	☐ Approved ☐ Denied		
	<u></u>		<b>□</b> Denied				
Date							
Homestead Application							
Please read the instructions for important informati occupant or occupants should complete this applica occupying relative and their spouse (if applicable).							
Section 1: Homestead Property Informatio	n						
Address of Homestead							
City	State		ZIP Code	Code County			
Date Purchased	Date Occupie	Date Occupied					
Property ID Number (Found on the Property Tax Sta	tement)						
	·						
Is the property owned by a trust? Yes N	o If ves. attach (	documents s	showing the owners	ship interests of t	he trust.		
Are there multiple owners of the property (not include		Yes	_	-	nber of owners		
Section 2: Occupant Information							
Occupant First Name and Middle Initial	Occupant Las	Occupant Last Name			Social Security Number/ITIN		
Phone Number	Email Addres	Email Address					
Occupant's Mailing Address (if different than homest	ead property)						
City	State		ZIP Code				
Are you listed as an owner on the deed?	Yes		s, do not complete	section 4, Relative	e Homestead.		
Are you a Minnesota resident?	Yes	No					
Marital Status:	Single	Married	Divorced	Legally Separa			
Your Previous Address				Date Vacated	d		
City	State		ZIP Code	County			
Did you claim homestead at your previous address?	Yes	No If	yes, what happene	d with your previ	ous homestead		
		(sold, rented, etc.):					

(Rev. 7/21) Continued

Section 3: Spouse Information						
Spouse of Occupant First Name and Middle Initial	Spouse of Oc	Spouse of Occupant Last Name			Social Security Number/ITIN	
Phone Number	Email Addres	S				
Does the spouse occupy the property listed in Section 2	1?					
Yes (List their previous address below)	No (List their c	urrent add	dress below)			
Address						
City	State		ZIP Code	County		
Complete sections 2a and 3a ONLY if there are o	ther occupying	g owners	s not listed in section	on 2 or 3. If not,	skip these sections.	
Section 2a: Additional Occupant Informatio	n					
Occupant First Name and Middle Initial	C	Occupant Last Name			rity Number/ITIN	
Phone Number	Email Address					
Occupant's Mailing Address (if different than homestee	nd property)					
City	State		ZIP Code			
Are you listed as an owner on the deed?	Yes No If yes, do not complete section 4, Relative Homestead.					
Are you a Minnesota resident?	Yes No					
Marital Status:	Single	Marrie	d Divorced	Legally Separate	d Widowed	
Your Previous Address				Date Vacated		
City	State		ZIP Code	County		
Did you claim homestead at your previous address?	Yes	No	   If ves. what happened	d with your previou	ıs homestead (sold, rented,	
2.0 ,000 0.0	.00					
			,			
Section 3a: Additional Spouse Information						
Spouse of Occupant First Name and Middle Initial	Spouse of Oc	cupant La	ast Name	Social Security	Number/ITIN	
Phone Number	Email Address					
Does the spouse occupy the property listed in Section 2	1?					
Yes (List their previous address below)	No (List their c	urrent ad	dress below)			
Address						
City	State		ZIP Code	County		

Complete this section ONLY if you are a qual multiple owners, please attach their informa		ring for homestead. Oth	erwise, skip to Section 5. If	there are	
Property Owner First Name and Middle Initial	Property Owne	er Last Name	Your Relationship to Prop	Your Relationship to Property Owner	
Property Owner Mailing Address					
City	State	ZIP Code	County		
Phone Number	Email Address				
Section 5: Signature	weet to the best of w	u lunoviladas Minnocota (	tatutos costian COO 41 statos t	hat anyona aivis	
I certify that the above information is true and co false information in order to avoid or reduce their				, -	
This application must be signed by the occupant a	,	, , , , ,			
Signature of Occupant			Date		
Signature of Occupant's Spouse (If Applicable)		Da	Date		
Signature of Other Occupant (If Applicable)			te		
Signature of Other Occupant's Spouse (If Applicable)			Date		

Complete entire application and mail along with all required attachments to your assessor.

**Section 4: Relative Homestead** 

# Form CR-H Instructions

## Who is Eligible for Homestead?

If you own and occupy your own property, you may be eligible to receive homestead. You must own the property and occupy it as your primary residence no later than December 31 of the current year to receive homestead for taxes payable next year. For information about the benefits of homestead, please contact your assessor.

## **How and When to Apply**

Complete and mail the application to your assessor within 30 days of establishing homestead, no later than December 31 to be eligible for homestead in the next tax year.

For manufactured homes, if you do not own the land the home is on, you must submit the application by May 29 to be eligible for homestead in the current tax year.

You do not have to reapply for each year. The assessor may ask for an updated application at any time.

Each applicant who occupies the property must provide a Social Security Number and sign the form. Spouses of the applicants must also provide their Social Security Number, even if they do not occupy the property.

## What if My Property is Held Under a Trust?

If the property is owned by a trust, the grantor of the trust is considered the owner when completing this application. The assessor may ask for additional information, including:

- · Name and type of trust
- · Grantors of the trust
- Signatures of the grantors and date of those signatures

## **Required Attachments**

If any owners or owners' spouses do not occupy the property, you must provide their names and addresses to the assessor.

The spouse of the occupant must provide their Social Security Number, even if they do not occupy the property.

If there are more than two qualifying occupants, attach another application with the occupant and occupant's spouse (if applicable) sections completed..

# Individual Tax Identification Number (ITIN)/Social Security Number (SSN)

An ITIN can only be used in situations where one spouse has a Social Security number and the other spouse does not. ITINs are not an acceptable alternative in any other case.

We will not disclose Social Security number(s) you provide on this form to the public, but we may share among government officials for tax collection and administration purposes.

## What is a Qualifying Relative?

Qualifying relatives for both agricultural and residential homestead include: parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

#### Use of Information

The information on this form is required by Minnesota Statutes, section 273.124 to properly identify you and determine if you qualify for homestead. Your Social Security number is required. If you do not provide the required information, your application will be denied. If you provide your Social Security number thereafter, the effective date of the homestead classification may be delayed. Your Social Security number is considered private data for purposes of establishing homestead.

#### **Penalties**

Making false statements on this application is against the law. 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.

If you falsely claim homestead, you may be assessed a penalty equal to in the amount of the additional tax that would have applied to your property if it had not been considered homestead.

#### **Questions?**

Contact the assessor's office for assistance.