licant Name					
FICE USE ONLY plicant Name		Type of Application	Owner Occupied Relative/Residential		
ssment Year			Relative/Agricultura		
ssor or Representative's Signature		Determination	☐ Approved ☐ Denied		
•		-			
omestead Application		-			
ications are due to your assessor's office by Decemuctions before completing this application.	ber 15 for Real Property and	by May 29 for Manufactu	red Homes. Please read all		
You MUST complete this section. Please provide t	he following information on	the property for which yo	u are claiming homestead		
Address of Property	ine ronowing information on		property owned by a trust?		
Property ID Number (Found on the Property Tax St	catement)	163	, INO		
City	State	ZIP Code	County		
Date Purchased	Date Property was O	Date Property was Occupied by Applicant(s)			
Occupant 1 First Name and Initial		Occupant 1 Last Name			
Are you listed as an owner on the deed?	Yes No	Yes No			
Occupant 1 Previous Address					
Occupant 1 Previous Address  City	State	ZIP Code	County		
		ZIP Code  laim homestead at your pro	,		
City	Check One: Did you c	laim homestead at your pro	,		
City  Date Vacated	Check One: Did you come Yes No	laim homestead at your project	evious address?		
City  Date Vacated  Occupant 1 Marital Status:	Check One: Did you come Yes No	laim homestead at your project Divorced Ing for homestead on?	evious address?  Legally Separated Widow		
City  Date Vacated  Occupant 1 Marital Status:  If married, does your spouse occupy the property	Check One: Did you c Yes No Single Marr	laim homestead at your project Divorced Ing for homestead on?	evious address?  Legally Separated Widow  Yes No		
City  Date Vacated  Occupant 1 Marital Status:  If married, does your spouse occupy the property  Occupant 2 First Name and Initial	Check One: Did you come Yes No Single Marr that you are currently applying Occupant 2 Last Nam	laim homestead at your project Divorced Ing for homestead on?	evious address?  Legally Separated Widow  Yes No		
City  Date Vacated  Occupant 1 Marital Status:  If married, does your spouse occupy the property occupant 2 First Name and Initial  Are you listed as an owner on the deed?	Check One: Did you come Yes No Single Marr that you are currently applying Occupant 2 Last Nam	laim homestead at your project Divorced Ing for homestead on?	evious address?  Legally Separated Widow  Yes No		
City  Date Vacated  Occupant 1 Marital Status:  If married, does your spouse occupy the property occupant 2 First Name and Initial  Are you listed as an owner on the deed?  Occupant 2 Previous Address	Check One: Did you come Yes No Single Marrethat you are currently applyin Occupant 2 Last Nam Yes No State	laim homestead at your project Divorced Ing for homestead on?	evious address?  Legally Separated Widow  Yes No  Social Security Number/ITIN  County		

(Rev. 06/20) Continued

Widow

No

Widow

No

Yes

No

No

(Rev. 06/20) Continued

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### Sign Here

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 occupants who occupy the property** or **by the qualifying relative** and returned to the county assessor to receive homestead on this property.

, , ,		
Signature of Occupant 1	Date	Daytime Phone
Evening Phone	Email	
Signature of Occupant 2 (If Applicable)	Date	Daytime Phone
Evening Phone	Email	
Signature of Occupant 3(If Applicable)	Date	Daytime Phone
Evening Phone	Email	
Signature of Occupant 4 (If Applicable)	Date	Daytime Phone
Evening Phone	Email	

Complete both sides and mail this completed application and all required attachments to 151 4th Street SE Rochester, MN 55904-3176.

<sup>1</sup>For **residential homestead**, qualifying relatives include: parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

For **agricultural homesteads** qualifying relatives include: grandchild, child, sibling, or parent of the owner of the agricultural property or the spouse of the owner.

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Complete this section if there are owners who do not occupy the property.							
Property Owner First Name and Initial		Property Owner Last Name					
Property Owner Mailing Address							
City	State		ZIP Code	County			
City	State		ZIF Code	County			
Property Owner First Name and Initial		Property Owner Last Name					
Property Owner Mailing Address							
City	State		ZIP Code	County			

# **Form CR-H Instructions**

# Who is eligible for Homestead?

If you own and occupy your own property, you may be eligible to receive residential or agricultural homestead treatment. Homestead classification makes your property eligible for a reduced classification rate, and/or a reduced taxable value, or may make you eligible for a Property Tax Refund or to enroll in other programs.

You must own the property and occupy it as your primary residence by no later than December 1 of the current year to receive homestead for taxes payable next year.

## **How to Apply**

Complete the entire application and submit to the assessor's office within 30 days of establishing homestead, no later than December 15 to be eligible for homestead in the next tax year.

For manufactured homes, you must mail the application by May 29 to be eligible for homestead in the current tax year.

You do not have to reapply for homestead each year. However, 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 about the trust and for a copy of the page of the trust that has the following information:

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

## **Required Attachments**

If any owners do not occupy the property, you must provide the names and addresses of the owners to the assessor.

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

If more than two owners occupy the property, attach another application with the Owner/Occupant Information section 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.

#### **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

If you have questions about homestead or how to complete this form:

- Contact the assessor's office
- Go to our website at www.revenue. state.mn.us and type Homestead in the Search box

#### **Return Paper Applications to:**

Assessment Services 151 4th Street SE Rochester, MN 55904-3716