



Marion County Senior Real Estate Property Tax Relief Program

Base Year Application

Due May 31, 2025

Revised 10/02/2024

Parcel Number _____
(Can be found on real estate property tax bill and/or receipt.)

Property Address _____

Owner of Record _____
(As recorded in the Recorder of Deeds' office.)

APPLICANT INFORMATION

Applicant Name(s) _____ ; _____

Date of Birth _____ ; _____

Ownership Type Individual/Joint Other Entity
(If Other Entity selected, attach trust agreement, operating agreement, etc.)

Yes No Was the applicant 62 or older before January 1 of the base year?

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

(In the case of joint ownership, only one owner need qualify.)

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Phone Number _____

E-mail Address _____

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

include a copy of the deed identifying Applicant as an owner of the Property, or a written instrument showing applicant has legal or equitable interest in the Property.

PROPERTY INFORMATION

The following information will not impact eligibility.

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 and up to 5 (five) acres.)

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

Yes No Is the current homestead assessment under appeal?

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

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

Yes No Are real property taxes on this property paid via the Marion County Installment Plan?

OFFICE USE ONLY

Proof of Identity & Age Y N
 DL BC P

 62 or older by 1/1/24? Y N

Proof of MO Residency Y N
 DL Voter Reg MO ID

 Primary residence? Y N

Proof of Ownership Y N
 Deed Tr Ag Op Ag
 Owner or legal or eq int? Y N

Property tax paid? Y N
 APPROVED Y N
 Reviewer _____
 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 was over the age of 62 before January 1st of this year.
- 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 Marion County Senior Real Estate Tax Relief credit.

I understand I may be charged with a misdemeanor as stated in Section 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) _____

STATE OF MISSOURI
COUNTY OF MARION

SUBSCRIBED and sworn before me, this _____ day of _____, 20 _____

Notary Public
My Commission Expires: _____

Co-Applicant Signature _____ Co-Applicant Name (Printed) _____

STATE OF MISSOURI
COUNTY OF MARION

SUBSCRIBED and sworn before me, this _____ day of _____, 20 _____

Notary Public
My Commission Expires: _____

SUBMIT COMPLETED AND NOTARIZED APPLICATION AND REQUIRED DOCUMENTS TO:

Marion County Collector of Revenue
Attn: Tax Relief Program
PO Box 853, 906 Broadway
Hannibal, MO 63401-0853