



MARION COUNTY SENIOR CITIZENS REAL ESTATE PROPERTY TAX RELIEF PROGRAM 2026 RENEWAL

This 2026 renewal form is available January 1, 2026 and is due by May 31, 2026. This form is for individuals who previously qualified, are still residing in the same primary residence in which they qualified and have not changed the name to which the property was titled when they qualified.

APPLICANT INFORMATION

Date Received: _____

Name(s) as written on Deed: _____

Phone # _____ Email: _____

Address of primary residence: _____

Parcel #: _____ Are you the owner(s) of record? ☐ YES ☐ NO

Is this your primary residence? ☐ YES ☐ NO

Have any additions or improvements been made to the property in the past year? ☐ YES ☐ NO

If Yes, provide a brief description _____

****ATTACH COPY OF PAID REAL ESTATE TAX RECEIPT – YOU CAN OBTAIN THIS FROM
MARION.COUNTYMO.ORG****

Verified ☐

AFFIDAVIT

I, the above-named applicant, hereinafter “affiant”, being first duly sworn upon my oath, state as follows:

1. I have read the statements and questions in the Renewal Form, I understand them and I represent that all my answers are true and correct.
2. I specifically state the following: I, 62 or older, am liable for the payment of real property taxes on such property, I claim the property associated with this application as my primary residence.
3. I affirm I am unaware of any information that would prohibit or disqualify me from this program.

Comes now affiant, who upon my oath states that the facts and matters received in the above Affidavit are true, accurate and correct to the best of my knowledge, information and belief.

Please return this form and sign in person at:

Marion County Coordinator’s Office, 100 S. Main St., Ste. 4, Palmyra, MO 573-769-5545

AFFIANT SIGNATURE

Driver’s License Verified ☐

If you are unable to submit in person, this form must be notarized below

*****NOTARIZATION IS ONLY REQUIRED IF YOU ARE
UNABLE TO SUBMIT IN PERSON*****

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 FORM AND REQUIRED DOCUMENTS TO:

Teya Stice
Marion County Coordinator
Attn: Tax Relief Program
100 Main St., Ste. 4
Palmyra, MO 63461