

Approved/Denied

Date Received

Last Name (Print Legibly)



**Marion County Senior Real Estate Property Tax Relief Program**  
**Base Year Application for 2026**  
**Due May 31, 2026**

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

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

Owner of Record \_\_\_\_\_  
(Exactly as recorded in the Recorder of Deeds' office)

**APPLICANT INFORMATION**

Applicant Name \_\_\_\_\_  
(Print Last Name, First Name) Date of Birth \_\_\_\_\_  
Co-Applicant's Name \_\_\_\_\_  
(Print Last Name, First Name) 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, 2026?

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 \_\_\_\_\_

**PROPERTY INFORMATION**

*The following information will not impact eligibility.*

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

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

**OFFICE USE ONLY**

Proof of Identity & Age <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N	Proof of Residency <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N	Proof of Ownership <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N
O DL O BC O P	O DL O Voter Reg O M O ID	O Deed O Tr Ag O Op Ag
O _____	O _____	Owner or legal or eq int? <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N
62 or older by 1/1/26 <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N	Primary Residence? <input type="radio"/> Y <input type="radio"/> O <input type="radio"/> N	O _____

Property tax paid  Y  O  N

APPROVED  Y  O  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 in Missouri or elsewhere.
3. I understand the County will rely on the information provided by the Applicant in the 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 1<sup>st</sup> of 2026.
- 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 estate 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.

**4. *\*\*I understand reapplication will be required annually to maintain the qualification for tax 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.

Applicant

Applicant Signature \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Co-Applicant

Signature \_\_\_\_\_

Co-Applicant

Name (Printed) \_\_\_\_\_

### **SUBMIT COMPLETED APPLICATION AND REQUIRED DOCUMENTS IN PERSON TO:**

Marion County Coordinator  
100 Main St., Ste. 4  
Palmyra, MO 63461  
573-769-5545

**\*If you are unable to submit the application and documents 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