

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?

REQUIRED DOCUMENTS

Copies of required documents must be attached to this completed 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 Primary Residency
Include one of the following:
Valid Driver's License with
current address, Voter
Registration Card, state issued
Nondriver identification.

☐ 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.

OFFICE USE ONLY

Proof of Identity & Age ☐ Y ☐ O ☐ N

☐ DL ☐ BC ☐ P

☐ _____

62 or older by 1/1/26 ☐ Y ☐ O ☐ N

Proof of Residency ☐ Y ☐ O ☐ N

☐ DL ☐ Voter Reg ☐ M ☐ ID

☐ _____

Primary Residence? ☐ Y ☐ O ☐ N

Proof of Ownership ☐ Y ☐ O ☐ N

☐ Deed ☐ Tr Ag ☐ Op Ag

Owner or legal or eq int? ☐ Y ☐ O ☐ N

☐ _____

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 1st 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 Signature _____	Applicant 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