



Marion County Senior Real Estate Property Tax Relief Program

Base Year Application

Due May 31, 2025

Revised
2/24/2025

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.
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.

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:

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