



Marion County Senior Real Estate Property Tax Relief Program

2024 Base Year Application

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, 2024? *In the case of joint ownership, only one owner need qualify.*
 Yes No Does the applicant occupy the property as their primary residence?

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 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?

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

Deed Book _____ Page _____
OR include a copy of 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 <input type="checkbox"/> Y <input type="checkbox"/> N	Proof of MO Residency <input type="checkbox"/> Y <input type="checkbox"/> N	Proof of Ownership <input type="checkbox"/> Y <input type="checkbox"/> N	Property tax paid? <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> DL <input type="checkbox"/> BC <input type="checkbox"/> P	<input type="checkbox"/> DL <input type="checkbox"/> VR <input type="checkbox"/> MO ID	<input type="checkbox"/> Deed <input type="checkbox"/> Tr Ag <input type="checkbox"/> Op Ag	APPROVED <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> _____	<input type="checkbox"/> _____	Owner or legal or eq int? <input type="checkbox"/> Y <input type="checkbox"/> N	Reviewer _____
62 or Older 1/1/24? <input type="checkbox"/> Y <input type="checkbox"/> N	Primary residence? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> _____	Date ____/____/____
Collector Approval _____	Assessor Approval _____		

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 Class A misdemeanor as stated in Section 575.050 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: _____

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: _____

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

Please allow for up to thirty (30) days for your application to be reviewed and notifications to be mailed.