

**OFFICE USE ONLY**

Applicant Name \_\_\_\_\_

Assessment Year \_\_\_\_\_

Assessor or Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Type of Application**

- Owner Occupied
- Relative/Residential
- Relative/Agricultural

**Determination**

- Approved
- Denied

## Homestead Application

Applications are due to your assessor's office by December 15. Please read all instructions before completing this application. **NOTE:** Each applicant must complete a separate form to apply for homestead (see Section 2 for married couple applicant instructions).

**Section 1: Property Information**

**You MUST complete this section. Please provide the following information on the property for which you are claiming homestead.**

Address of Property \_\_\_\_\_ Is the property owned by a trust?  
 Yes  No

Property ID Number (Found on the Property Tax Statement) \_\_\_\_\_

City	State	ZIP Code	County
Date Purchased		Date Property was Occupied by Applicant(s)	

**Section 2: Occupant Information**

**EACH occupant and/or married couple applying for homestead must complete this section. You certify you and your spouse, if married, are a Minnesota resident, and occupy the property described above as your primary place of residence. Married couples must provide both Social Security numbers, even if one of the spouses does not occupy the property. You also certify that the information you provide is true and correct to the best of your knowledge.**

Occupant First Name and Initial	Occupant Last Name	Social Security Number/ITIN	
Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupant's Previous Address			
City	State	ZIP Code	County
Date Vacated	<b>Check One:</b> Did you claim homestead at your previous address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occupant's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow			
If married, does your spouse occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Section 3: Spouse Information**

Spouse of Occupant First Name and Initial	Spouse of Occupant Last Name	Social Security Number/ITIN	
Previous Address			
City	State	ZIP Code	County
Date Vacated	<b>Check One:</b> Did you claim homestead at your previous address? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Complete Section 4A to apply for residential homestead OR Section 4B to apply for agricultural homestead. NOTE: If you are not sure whether you qualify for agricultural homestead, please contact the assessor's office.

Section 4: Homestead Application

SECTION 4A: RESIDENTIAL HOMESTEAD APPLICATION	OR	SECTION 4B: AGRICULTURAL HOMESTEAD APPLICATION
Are you applying for residential homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you applying for agricultural homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse applying for residential homestead at this property as well?(If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you or your spouse claim another agricultural homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your spouse applying for agricultural homestead at this property as well? (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not an owner, are you a qualifying relative of an owner? <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not an owner, are you qualifying relative of an owner? <sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
		If you are a qualifying relative, does your family have any other agricultural relative homesteads in Minnesota for your family? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Relative Homestead Application

**Complete this section ONLY if you are a qualifying relative applying for homestead. Otherwise, skip to Section 6.**

Property Owner First Name and Initial	Property Owner Last Name	Relationship to Applicant	
Property Owner Mailing Address			
City	State	ZIP Code	County
Is the property owner a Minnesota resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 6: Signatures

### Sign Here

I certify that the above information is true and correct to the best of my knowledge. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison. This application must be signed by **all owners who occupy the property** or by the **qualifying relative** and returned to the county assessor to receive homestead on this property.

Signature of Occupant	Date	Daytime Phone
Evening Phone	Email	
Signature of Occupant's Spouse (If Applicable)	Date	Daytime Phone
Evening Phone	Email	
Signature of Other Owner(s) (If Applicable)	Date	Daytime Phone
Evening Phone	Email	
Signature of Other Owner(s) (If Applicable)	Date	Daytime Phone
Evening Phone	Email	

Complete both sides and mail this completed application and all required attachments to your assessor.

<sup>1</sup>For **residential homestead**, qualifying relatives include: parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

<sup>2</sup>For **agricultural homesteads** qualifying relatives include: grandchild, child, sibling, or parent of the owner of the agricultural property or the spouse of the owner.