SHANNON COUNTY SENIOR CITIZEN PROPERTY TAX CREDIT APPLICATION

DUE BY MAY 31, 2025

HOMESTEAD PROPERTY INFORMATION

Real Estate Parcel ID:		
Physical Address:		
		Zip:
APPLICANT INFORMATION		
Name 1:	Name 2: _	
Date of Birth:	Date of Bi	rth:
Phone Number:	Phone Nu	mber:
E-mail Address:		
Mailing Address: (if different fro	m above)	
Street:		
City:		Zip:
Are all property taxes on the hor Ves No	nestead paid, except for the cu	rrent year?
Are you applying as:		
☐ Individual/Joint Owners!	hip	
Other Entity		
PROOF OF OWNERSHIP: Must written instrument showing app ☐ Attached		cant as owner of the property; or a erest in the property.
PROOF OF RESIDENCY: An app	olicant must provide proof of the	eir Missouri residency. Any of the
following documents must be ir	ncluded:	
Voter Registration Card		
☐ Utility Bill		
REQUIRED ELIGIBILITY DOCU	MENTATION FOR EACH APPLIC	CANT
Proof of Identity (present any OI	NE of the following documents,	if applying in person or include a
COPY if applying by mail or e-m	ıail):	

- > Driver's License/Non-Driver's License
- > Federal Photo ID
- > All information must be correct for this application to be processed. If incorrect a new application will be sent to you, as to why.
- > MAY 31ST DEADLINE STILL APPLIES

YOU MUST APPLY ANNUALLY BY MAY 31ST THIS DOES NOT APPLY TO PERSONAL PROPERTY

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APPLICATION CERTIFICATION

- 1. I have read the statement and questions included in this application. I understand them and represent that all responses are true and accurate.
- 2. I am claiming only one property as a homestead for purposes of a Senior Citizen Property Tax Credit in Missouri, and I do not claim real property anywhere else in the United States of America as a primary residence.
- 3. I understand Shannon County will materially rely on the information in the application. I further certify:
 - a. I am an owner of record of the homestead for which I am seeking a Senior Citizen Property Tax Credit, or I have legal or equitable interest in such property by written instrument.
 - b. I am liable for the payment of real property on such homestead and am not delinquent on such taxes.
 - c. I occupy such a homestead as my primary residence for which I am seeking a Senior Citizen Property Tax Credit.
- 4. I understand I may be charged with a Class B misdemeanor as stated in RSMo 575.060, if any information submitted in this application is found to be a false declaration. I am not aware of any information which would prohibit or disqualify me from receiving a Senior Citizen Property Tax Credit for the homestead in this application.

Signature (Applicant 1)			Da	ate
Signature (Applicant 2)			Da	ate
Note: 2nd signature requi	red when to	wo applic	ants apply for the	same property. Notary required
mailed or emailed applica	itions as we	ell as appl	licants who don't	appear in person!
Embosser or black ink rubb	oer stamp seal	Subscribe	ed and sworn before	me, this
숱			day of	
Ō		State	County	My Commission Expires
Notary Use Oni		Signature		
otai				
2		Printed Name		
AC.			· · · · · · · · · · · · · · · · · · ·	
RETURN APPLIC	CATION TO	THE SH	ANNON COUN	TY COLLECTOR'S OFFICE
IN-PERSON:	18529	MAIN S	TREET EMINENC	CE, MO 65466
MAIL:	P.O. B	OX 459 E	EMINENCE, MO	65466
E-MAIL:	<u>taxrel</u>	ief@sha	nnoncounty.gov	
Prociding Commissioner		Southorn C	ommissioner	Northorn Commissioner

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SHANNON COUNTY SENIOR CITIZEN PROPERTY TAX CREDIT APPLICATION

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Parcel ID:
Senior Real Estate Tax Relief Program Application Processing
FOR OFFICE USE ONLY
This form, application and any attachments are confidential and are not subject to Sunshine Law disclosure. Remember to attach documents to support a denial for any reason other than incomplete or illegible application.
****Please attach this to the application****
Tax credit was
☐ Approved
☐ Denied
If denied, please check all that apply:
Not 62 years of age or older as of the application date
Primary residence is not in Shannon County
☐ Taxes are delinquent on the claimed property
□ Application is a duplicate of the application dated
Applicant has also claimed a homestead in another county
□ Applicant has also claimed parcel
□ Applicant is deceased
□ Application is not signed
□ No proof of age provided
□ No proof of residency provided
☐ Application is not notarized
☐ Proof of age not acceptable
☐ Proof of residency is not acceptable
□ No proof of ownership or legal interest provided
☐ Application is illegible
☐ Proof of ownership or legal/equitable interest not acceptable
□ Other (please explain)
Please check one of the following:
☐ In Person Delivery
□ USPS
□ Email
Applicant name:
Date Received:
Application Date:
Parcel ID:
Property address:
Customer NEEDS to be notified if application is not approved and the reason it isn't approved
**Propose Date:

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Notification of Denial for Senior Real Estate Tax Relief Program Shannon County, MO

Name	9:
	·l ID:
	cal Address:
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	etter is to notify you that your Senior Real Estate Tax Relief Program was
	d for the following reasons:
	Not 62 years of age or older as of the application date
	Primary residence is not in Shannon County
	Taxes are delinquent on the claimed property
	Application is a duplicate of the application dated
	Applicant has also claimed a homestead in another county
	Applicant has also claimed parcel Applicant is deceased
	Application is not signed
П	No proof of age provided
П	No proof of residency provided
	Application is not notarized
П	Proof of age not acceptable
П	Proof of residency is not acceptable
П	No proof of ownership or legal interest provided
П	Application is illegible
	Proof of ownership or legal/equitable interest not acceptable
	Other (please explain
	If you have any questions, please feel free to contact us at:
	By phone or email: 573-226-3416 ext. 4 or taxrelief@shannon-county.com
	Mail: P.O. BOX 459 Eminence, MO 65466
	Thank you,
	Visie Needels

Susie Needels

Collector of Revenue