

Collector Approval

Boone County Senior Real Estate Property Tax Relief Program

2024 Base Year Application

The 2024 application completed in its entirety and required documents are due by October 1, 2024.

Parcel Number				Can be found bill and/or red	on real estate property tax	
Property Address						
Owner of Record				As recorded ir office.	the Recorder of Deeds'	
	APPLIC	ANT INF	ORMATION			
Applicant Name(s)			;			
Date of Birth						
Ownership Type	☐ Individual/Joint ☐ Other E	ntity			ist agreement, operating	
☐ Yes ☐ No	Was the applicant 62 or older before January 1, 20				In the case of joint	
☐ Yes ☐ No	Ownership, only one owner need qualify.					
Mailing Address						
City					Zip Code	
Phone Number			Phone Number			
E-mail Address			_			
_	PROPE	RTY INFO	ORMATION			
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	The following information will not impact eligibility. Io 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 2.5 (two and one half) acres. Io Does the parcel include more than one structure that serves as a dwelling unit? Io Is the current homestead assessment under appeal? Io Have any improvements or additions been made to the property in the past year? Io Are real property taxes on this property paid via escrow with your mortgage payment? Io Are real property taxes on this property paid via the Boone County Installment Plan?					
	•		CUMENTS	ic 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 Missou Include one of the Driver's License, Such as, Driver's License, Birth Card, state-issued identification, etc.		of Missou one of the License, Vo rate-issued	r i Residency following: oter Registration	☐ 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 ☐ ☐ DL ☐ BC ☐ P ☐ ☐ 62 or Older 1/1/24? ☐ Y ☐	□ DL □ VR □ MO ID □	Ov	oof of Ownership □ \ Deed □ Tr Ag □ Op \ wner or legal or eq int	Ag Al ?□Y□N Re	roperty tax paid?	

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 Boone 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

SIGIT DELOTE IN THE	THESEINCE OF AT	IOIAIII I ODEII	•
Applicant Signature			Applicant Name (Printed)
STATE OF MISSOURI)) SS		
COUNTY OF BOONE)		
SUBSCRIBED and sworn before me, this day of		day of	, 20
			Noton Dublic
			Notary Public
			My Commission Expires:
			Applicant
Applicant Signature			Name (Printed)
STATE OF MISSOURI)) SS		
COUNTY OF BOONE)		
SUBSCRIBED and sworn	before me, this	day of	, 20
			Notary Public
			My Commission Expires:

SUBMIT COMPLETED AND NOTARIZED APPLICATION AND REQUIERED DOCUMENTS TO:

Boone County Collector of Revenue

Attn: Tax Relief Program 801 E. Walnut, Room 118 Columbia, MO 65201-4890 Please allow for up to thirty (30) days for your application to be reviewed and notifications to be mailed.