

# CHRISTIAN COUNTY

02/07/2024

**APPLICATION DUE  
BY JUNE 30th  
ANNUALLY**

**Application for Senior Citizen Tax Credit as  
authorized by County Ordinance # 12-12-2023-02  
(Real Estate Only)**

Return to: Christian County Collector  
100 W Church St Room 101  
Ozark Mo 65721

Date of Application: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

### **Applicant Information**

Name(s): \_\_\_\_\_;

Individual/Joint Ownership:  Other Entity:

[ If other entity is selected, please attach trust agreement, operating agreement, etc. ]

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact - Name \_\_\_\_\_

Emergency Contact - Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Property Information**

Address of Primary Residence (Physical location of Property)

Yes  No Does Parcel include only your residence ("Homestead")?

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 Is Applicant eligible for Social Security Retirement Benefits?

Yes  No I have previously submitted an Application for Senior Citizen Tax Credit and there are no changes to the information I previously submitted. No documentation required.

Yes  No Are taxes on this property paid through the current tax year?

### **Required Documents:**

**1. Proof of Missouri Residency:**

One of the following documents must be included for Residency

Voter Registration Card

Drivers License

Other \_\_\_\_\_

**2. Proof of Ownership:** Deed identifying Applicant as owner of the Property, or a written instrument showing Applicant has legal or equitable interest in the Property

**3. Current Tax Receipt for Parcel:**

**4. Proof of Age:**

Driver License or Birth Certificate

**5. A copy of Applicant's Social Security Benefit Verification Letter or copy of current Social Security Statement must be attached to this application.**

### **{ Office Use Only }**

<input type="checkbox"/> Voter ID	<input type="checkbox"/>
<input type="checkbox"/> Drivers License	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>

<input type="checkbox"/> Deed/Legal	<input type="checkbox"/>
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<input type="checkbox"/> Paid Tax Receipt	<input type="checkbox"/>
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<input type="checkbox"/> Proof of age	<input type="checkbox"/>
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<input type="checkbox"/> SS Eligible	<input type="checkbox"/>
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**Certification:**

1. I have read the statements and questions included in this application and understand them and represent 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 that I have not claimed more than one primary residence as a homestead for the purposes of a property tax credit in Missouri or elsewhere.

3. I understand the County will rely on the information provided by 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 am eligible for Social Security retirement benefits.
- c. I am an 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 actually occupy the homestead as my primary residence for which I am seeking a Senior Citizen tax credit.

**I understand I may be charged with a Class B 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:**

Signature: \_\_\_\_\_  
PRINT SIGN

Signature: \_\_\_\_\_  
PRINT SIGN

<b>Notary Information</b>	Embosser of black ink rubber stamp Seal	Subscribed and sworn before me. This _____ day of _____ year _____		
		State	County	My Commission Expires( MM/DD/YYYY)
		Notary Public Signature		
		Notary Public Name (Typed or Printed)		

**FOR OFFICE USE ONLY**

**ELIGIBILITY VERIFICATION**

Approved [ ] Yes [ ] No Reason: \_\_\_\_\_

COMMISSION Signature: \_\_\_\_\_

Date: \_\_\_\_\_