

TED NICHOLS
Christian County Collector
100 W Church St Room 101
Ozark MO 65721
(417) 582-4330

Christian County
- Real Estate Only -

Senior Citizen Tax Credit
First-Time Application
Authorized by County Ordinance

RETURN BY JUNE 15th DUE DATE

Parcel Number: _____

Property Address: _____

Mailing Address: _____

Owner(s) of Record: _____

Ownership Type: Individual/Joint Other Entity (Trust, LLC, etc.) *If Other Entity, please attach pages showing trustee name(s)*

Name(s): _____

DOB:* _____ **Must be 62 on or before Dec. 31st of the previous year*

DOB:* _____ **Must be 62 on or before Dec. 31st of the previous year*

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Emergency Contact - Name: _____ Relationship: _____

Phone #: _____ Email Address: _____

Yes No I am claiming only one property, listed above, as a homestead for purposes of the Senior Citizen Property Tax Credit in Christian County Missouri, and I do not claim real property anywhere else in the US as a primary residence.

Yes No I have paid the property taxes for the parcel listed above.

Yes No Assessment List (Personal Property) has been submitted to Christian County Assessor.

Yes No I improved this property with additions, new structures, etc.
NOTE: New Construction/Additions will reset Base Year. Tax Credit will be recalculated on the new base year.

Yes No Is the current homestead assessed value under appeal?

REQUIRED DOCUMENTS: *Submit **ONE** of these Documents with your application to confirm Age & Residency:*

▶ Driver's License *or...* Non-Driver's License *or...* Government-Issued ID

SIGN ON BACK - IN THE PRESENCE OF A NOTARY PUBLIC 

AREA BELOW - FOR COUNTY OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Paid Tax Receipt [] | <input type="checkbox"/> Trust Agreement [] |
| <input type="checkbox"/> Driver's License [] | <input type="checkbox"/> Personal Property [] |
| <input type="checkbox"/> Non-Driver's License . . . [] | <input type="checkbox"/> Deed [] |
| <input type="checkbox"/> Government-Issued ID [] | <input type="checkbox"/> Age Verified [] |

Christian County Missouri - Senior Citizen Tax Credit

Authorized by County Ordinance

RETURN BY JUNE 15th to: **TED NICHOLS**

Christian County Collector
100 W Church St Room 101
Ozark MO 65721

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 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.
- c. I am liable for the payment of real property taxes on such homestead.
- d. I actually occupy the homestead as my primary residence for which I am seeking a Senior Citizen tax credit.

Any New Construction/Additions will cause a Reset to Your Base Year

*I affirm that I have read and comply with all requirements on this application, that I have the authority to act on behalf of the owners and occupants of the Property, that I have not claimed more than one primary residence as a homestead for the purpose of a property tax credit in Missouri or elsewhere. I understand that 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 that 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 - ONLY IN THE PRESENCE OF A NOTARY PUBLIC *****

*** Signature: **X** _____ Print Name: _____

Signature: **X** _____ Print Name: _____

NOTARY COMPLETE THIS SECTION:

Subscribed and sworn before me, this ____ day of _____ 20__

State of _____ My Commission Expires (MM/DD/YYYY) _____

County/City of _____ Notary Public Name (Print) _____



NOTARY PUBLIC SIGNATURE: **X** _____

AREA BELOW - FOR COUNTY OFFICE USE ONLY

APPROVED: [] YES [] NO Reason: _____

COMMISSION Signature: _____ Date: _____