

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

Please read the instructions for important information on due dates and application requirements before completing this form. The qualifying occupant or occupants should complete this application. A qualifying occupant is an occupying owner and their spouse (if applicable) or an occupying relative and their spouse (if applicable).

Section 1: Homestead Property Information

Property ID Number (Found on the Property Tax Statement)

Address of Homestead

| | | | |
|----------------|------------------|----------|--------|
| City | State | ZIP Code | County |
| Date Purchased | Date Occupied by | | |

Is the property owned by a trust? Yes No *If yes, attach documents showing the ownership interests of the trust.*

Are there multiple owners of the property (not including spouses)? Yes No *If yes, please provide the number of owners.* _____

Section 2: Occupant Information

| | | |
|--|--------------------|-----------------------------|
| Occupant First Name and Middle Initial | Occupant Last Name | Social Security Number/ITIN |
| Phone Number | Email Address | |

Occupant's Mailing Address (if different than homestead property)

| | | |
|------|-------|----------|
| City | State | ZIP Code |
|------|-------|----------|

Are you listed as an owner on the deed? Yes No *If yes, do not complete section 4, Relative Homestead.*

Are you a Minnesota resident? Yes No

Marital Status: Single Married Divorced Legally Separated Widow

| | |
|-----------------------|--------------|
| Your Previous Address | Date Vacated |
|-----------------------|--------------|

| | | | |
|------|-------|----------|--------|
| City | State | ZIP Code | County |
|------|-------|----------|--------|

Did you claim homestead at your previous address? Yes No *If yes, what happened with your previous homestead (sold, rented, etc.):* _____

Section 3: Spouse Information

| | | |
|--|------------------------------|-----------------------------|
| Spouse of Occupant First Name and Middle Initial | Spouse of Occupant Last Name | Social Security Number/ITIN |
|--|------------------------------|-----------------------------|

| | |
|--------------|---------------|
| Phone Number | Email Address |
|--------------|---------------|

Does the spouse occupy the property listed in Section 1?
 Yes (List their previous address below) No (List their current address below)

Address

| | | | |
|------|-------|----------|--------|
| City | State | ZIP Code | County |
|------|-------|----------|--------|

Section 4: Relative Homestead

Complete this section ONLY if you are a qualifying relative applying for homestead. Otherwise, skip to Section 5. If there are multiple owners, please attach their information separately.

| | | |
|--|--------------------------|-------------------------------------|
| Property Owner First Name and Middle Initial | Property Owner Last Name | Your Relationship to Property Owner |
|--|--------------------------|-------------------------------------|

Property Owner Mailing Address

| | | | |
|--------------|---------------|----------|--------|
| City | State | ZIP Code | County |
| Phone Number | Email Address | | |

Is the property owner a Minnesota resident?
 Yes No

Section 5: Signature

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 the occupant and their spouse (if applicable) and returned to the assessor.*

| | |
|--|------|
| Signature of Occupant | Date |
| Signature of Occupant's Spouse (If Applicable) | Date |
| Signature of Other Occupant (If Applicable) | Date |
| Signature of Other Occupant's Spouse (If Applicable) | Date |

Complete entire application and mail along with all required attachments to your assessor.

Complete sections 2a and 3a ONLY if there are multiple occupying owners not listed in sections 2 or 3. If not, skip these sections.

Section 2a: Additional Occupant Information

| | | | | | |
|---|--|--|--|--|--------|
| Occupant First Name and Middle Initial | | Occupant Last Name | | Social Security Number/ITIN | |
| Phone Number | | Email Address | | | |
| Occupant's Mailing Address (if different than homestead property) | | | | | |
| City | | State | | ZIP Code | |
| Are you listed as an owner on the deed? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, do not complete section 4, Relative Homestead. | |
| Are you a Minnesota resident? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Marital Status: | | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow | | | |
| Your Previous Address | | | | Date Vacated | |
| City | | State | | ZIP Code | County |
| Did you claim homestead at your previous address? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, what happened with your previous homestead (sold, rented, etc.): _____ | |

Section 3a: Additional Spouse Information

| | | | | | |
|--|--|--|--|-----------------------------|--------|
| Spouse of Occupant First Name and Middle Initial | | Spouse of Occupant Last Name | | Social Security Number/ITIN | |
| Phone Number | | Email Address | | | |
| Does the spouse occupy the property listed in Section 1? | | | | | |
| <input type="checkbox"/> Yes (List their previous address below) | | <input type="checkbox"/> No (List their current address below) | | | |
| Address | | | | | |
| City | | State | | ZIP Code | County |

Form CR-H Instructions

Who is Eligible for Homestead?

If you own and occupy your own property, you may be eligible to receive homestead. You must own the property and occupy it as your primary residence no later than December 1 of the current year to receive homestead for taxes payable next year. For information about the benefits of homestead, please contact your assessor.

How and When to Apply

Complete and mail the application to your assessor within 30 days of establishing homestead, no later than December 31 to be eligible for homestead in the next tax year.

For manufactured homes, if you do not own the land the home is on, you must submit the application by May 29 to be eligible for homestead in the current tax year.

You do not have to reapply for each year. The assessor may ask for an updated application at any time.

Each applicant who occupies the property must provide a Social Security Number and sign the form. Spouses of the applicants must also provide their Social Security Number, even if they do not occupy the property.

What if My Property is Held Under a Trust?

If the property is owned by a trust, the grantor of the trust is considered the owner when completing this application. The assessor may ask for additional information, including:

- Name and type of trust
- Grantors of the trust
- Signatures of the grantors and date of those signatures

Required Attachments

If any owners or owners' spouses do not occupy the property, you must provide their names and addresses to the assessor.

The spouse of the occupant must provide their Social Security Number, even if they do not occupy the property.

If there are more than two qualifying occupants, attach another application with the occupant and occupant's spouse (if applicable) sections completed..

Individual Tax Identification Number (ITIN)/Social Security Number (SSN)

An ITIN can only be used in situations where one spouse has a Social Security number and the other spouse does not. ITINs are not an acceptable alternative in any other case.

We will not disclose Social Security number(s) you provide on this form to the public, but we may share among government officials for tax collection and administration purposes.

What is a Qualifying Relative?

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.

For agricultural homesteads qualifying relatives include: grandchild, child, sibling, or parent of the owner of the agricultural property or the spouse of the owner.

Use of Information

The information on this form is required by Minnesota Statutes, section 273.124 to properly identify you and determine if you qualify for homestead. Your Social Security number is required. If you do not provide the required information, your application will be denied. If you provide your Social Security number thereafter, the effective date of the homestead classification may be delayed. Your Social Security number is considered private data for purposes of establishing homestead.

Penalties

Making false statements on this application is against the law. 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.

If you falsely claim homestead, you may be assessed a penalty equal to in the amount of the additional tax that would have applied to your property if it had not been considered homestead.

Questions?

Contact the assessor's office for assistance. Chisago County Assessor's Office * 651-213-8550 * Homestead@chisagocountymn.gov

