

Nodaway County Senior Citizen Tax Credit Application

Ordinance # 07112024

2024 **Base Year** Application

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

Parcel #: _____ *Can be found on real estate property tax bill and/or receipt.*

Address of Primary Residence: _____

Owner of Record: _____ *As recorded in the Recorder of Deeds' office.*

APPLICANT INFORMATION

Applicant Name(s): _____ ; _____

Date of Birth: _____ ; _____

Ownership Type Individual/Joint Other Entity *If other entity selected, attach trust agreement, operating agreement, etc.*

Yes No Was the applicant 62 or older before January 1 of the current year?

Yes No Does the applicant occupy the property as their primary residence?

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Phone #: _____

PROPERTY INFORMATION

This section will not impact eligibility

Yes No 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 3 acres.

Yes No Does the parcel include more than one structure that serves as a dwelling unit?

Yes No Have any improvements or additions been made to the property in the past year?

If yes, briefly describe: _____

Yes No Are your real estate property taxes on this property paid via escrow with your mortgage payment?

Yes No Are real estate property taxes on this property paid via the Nodaway County pre-pay program?

REQUIRED DOCUMENTS

1. Proof of Age. Must be 62 years of age before January 1 of current year. Copies of any one of the following documents may be used:

Driver's License

Birth Certificate

Valid Passport

Military Service Record

2. Proof of Ownership. Copy of deed identifying applicant as owner of the property, or a deed and a written instrument showing applicant has legal or equitable interest in the property.

Attached

3. Proof of Primary Residence. An applicant must provide proof of their Primary Residence. Copies of the following two (2) documents are required:

Voter Registration

Utility bill or similar piece of mail addressed to you

FOR OFFICE USE ONLY

Proof of Identity & Age

Driver's lic

Birth cert

Passport

Military ID

Proof of Ownership

Deed or equiv

Proof of Residence

Voter Reg

Utility bill, etc

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**We require you to apply in person in the Collector-Treasurer's office.
General inquiries can be made by calling 660-582-4302.**

CERTIFICATION

I have read the statements and questions included in this application and understand them and represent that all responses are true and accurate.

I have the authority to act on behalf of the other owners and occupants of the property, and that I have not claimed more than one property residence as a homestead for purposes of a property tax credit in Missouri.

I understand Nodaway County will rely on the information provided by me 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 and sixty-two (62) years of age or older before January 1.
- 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.

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

Signature: _____

	Print	Sign	Date	
Notary Information	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this _____ day of _____ year		
		State	County	My commission expires ____/____/____
		Notary Public Signature		
Notary Public Name (Typed or Printed)				

Signature: _____

	Print	Sign	Date	
Notary Information	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this _____ day of _____ year		
		State	County	My commission expires ____/____/____
		Notary Public Signature		
Notary Public Name (Typed or Printed)				

Submit completed and notarized application and required documents to the Collector-Treasurer's office.
Please allow for up to thirty (30) days for your application to be reviewed and notifications to be mailed.