

Continuing Homestead Exemption Application for Senior Citizens, Disabled Persons and Surviving Spouses

File with the county auditor no later than the first Monday in June

To be completed by the county auditor prior to mailing:

County _____ Tax year _____ Real property Manufactured or mobile home

Taxing district and parcel or registration number _____

Owner(s) as shown on the tax list _____

Homestead address _____

Instructions to Homestead Recipient

You must report any changes each year that would affect your homestead exemption on this form. If any have occurred, complete this form and return it to the county auditor by the first Monday in June.

Check any of the following that apply:

The property described above is no longer the owner's principal place of residence.

There has been a change in the ownership of the property.

New owner(s) _____

The owner's disability status has changed.

The owner has died.

Name of decedent _____ Date of death _____

Name of surviving spouse _____ Spouse's age on date of death _____

The property is in a revocable inter vivos trust and there has been a change thereto or a revocation thereof.

There have been no changes in my eligibility status.

I declare under penalty of perjury that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of owner Date

Mailing address

Applicant's daytime phone number Applicant's e-mail address