

# **Lafayette County Senior Tax Credit Application Form**

2024 Base Year Application

The 2025 application completed in its entirety and all required documents are due by <u>July 31, 2025</u>. (PLEASE PRINT)

ALL DESIGNATION OF THE PERSON							
Darcal Number			Located on your real estate				
Property Address	Property Address						
Owner of Record_							
Ownership Type ☐ Individual/Join							
APPLICANT INFORMATION							
Applicant Name		Applicant Name					
	4? t occupy the property esidence?	Yes No I testions, that applican	Was the applicant 62 or older by or befor 12/31/2024? Does the applicant occupy the property a their primary residence?  Int is ineligible for this program.				
		-					
City		Ctata	Zip Code				
	PROPERTY INF	FORMATION					
The following information will not impact eligibility.  ☐ Yes ☐ No Are real property taxes on this property paid via escrow with your mortgage payment?  ☐ Yes ☐ No Are real property taxes on this property paid via the Lafayette County Installment Plan?							
Van MUST attack as	REQUIRED DO		to to this and lighter				
·		•	ts to this application.				
Proof of Lafayette  County Residency –  (Examples included: Utility bill, Voter Registration.)  Proof of Age (62 or older) Note: Any governmentissued document with your Date of Birth will be accepted.			Proof of Ownership  Note: A copy of the deed identifying the applicant as the property owner. the applicant is not named on the account (trust, LLC, corporation, etc.) provide documentation showing the applicant has legal or equitable interest in the property, such as a tru agreement or operating agreement.	Iff),			
OFFICE USE ONLY							
<ul> <li>Yes □ No 62 or older by 12/31/24?</li> <li>□ Yes □ No Primary residence?</li> <li>□ Yes □ No Owner or legal or equitable intered</li> <li>□ Yes □ No Notarized?</li> </ul>	☐ Yes ☐ No 62 or ol ☐ Yes ☐ No Primary est? ☐ Yes ☐ No Owner ☐ Yes ☐ No Notariz	residence? or legal or equitable into	□ APPROVED □ DENIED  CO Initial & Date  AS Initial & Date				

#### **CERTIFICATION**

### By signing this application, I certify the following:

- 1. I am the owner of the property, or I have the authority to act on behalf of the other owners and occupants of the property.
- 2. 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. If you have questions, please call 660-259-6171, Lafayette County Collectors Office.

#### Specifically, I certify that:

- A. I am a resident of Lafayette County, Missouri
- B. I turned 62 years of age or older by or before 12/31/2024
- **C.** I am the owner of this property or have legal or equitable interest in it through a written document.
- **D.** I am responsible for the payment of real property taxes on this property.
- E. I occupy the property as my only primary residence.

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.

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	Applicant Name (Printed)		Applicant Signature		
<del>-</del>	STATE OF MISSOURI )				
Z Z Z	) § COUNTY OF LAFAYETTE )				
APPLICAN	SUBSCRIBED and sworn before me, this	_day of	20		
			Notary Public		
			My Commission Expires:		
	Applicant Name (Printed)		Applicant Signature		
_	STATE OF MISSOURI ) ) §				
	COUNTY OF LAFAYETTE )				
APPL	SUBSCRIBED and sworn before me, this	_day of	, 20		
			Notary Public		
			My Commission Expires:		

## SUBMIT COMPLETED AND NOTARIZED APPLICATION & REQUIRED DOCUMENTS TO:

**Lafayette County Collector** 

Attn: Senior Tax Credit 1001 Main Street Lexington, MO 64067

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