

**Otter Tail County Assessor
Government Services Center
505 Fir Avenue West
Fergus Falls, MN 56537
Phone: 998-8010**

20__ Assessment Pay 20__

Parcel Number _____

RELATIVE HOMESTEAD APPLICATION

Property used for the purpose of a homestead by January 2 may be eligible for full homestead benefits. Property used for homestead purposes after January 2 but by December 1 may be eligible for a mid-year homestead. Upon application, the Assessor will determine if this property is eligible for homestead classification. The information you provide on this application will be verified. **THIS FORM MUST BE COMPLETED AND RETURNED TO THE COUNTY ASSESSOR'S OFFICE NO LATER THAN DECEMBER 15 TO QUALIFY FOR CURRENT YEAR HOMESTEAD CLASSIFICATION.** Note: If the property is currently classified as Seasonal/Recreational under current ownership, it is not eligible for relative homestead. Contact the assessor's office with questions regarding this.

I/We do hereby declare under the penalties of perjury* that I/We am/are the resident(s) of the property located at: _____
and that I/We maintain this property as my/our only homestead, receive no homestead benefits anywhere else in the United States, keep the majority of my/our personal effects at this residence and this is my/our primary place of residence.

Name of Relative: _____
Please print

Name of Owner: _____ Social Security# _____
Please print

_____ Social Security# _____

THE FOLLOWING IS TO BE COMPLETED BY RELATIVE(S) RESIDING IN THE HOME:

How are you related? _____ Date you moved in: _____

What was your previous address? _____

Your mailing address is: _____

State where car is licensed: _____

Address(es) on your Minnesota Driver's License(s): _____

Do you file a Minnesota Income Tax Return as a Minnesota resident?

Yes _____ No _____ Will File _____ Not required _____

Do you apply for a rent credit? _____

Application must include the signature and social security number of all adults and their spouses' living at the property as their homestead.

Signature _____ Social Security# _____ Phone# _____ Date _____

Signature _____ Social Security# _____ Phone# _____ Date _____

*609.41 FALSE TAX STATEMENT. Whoever, in making any statement oral or written, which is required or authorized by law to be made as a basis of imposing, reducing or abating any tax or assessment, intentionally makes any statement as to any material matter which he knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine not more than \$3,000 or both. MINNESOTA STATUES 1971.

APPROVED _____ DENIED _____ REASON _____
DATE _____ SIGNATURE _____