

Commissioner of Revenue Abatement Form 3 (Rev. 4/95)
APPLICATION FOR HOMESTEAD CLASSIFICATION
 (M.S. 375.192)

For Taxes Levied in _____
and Payable in 20 _____

County of _____ Please print or type.

Applicant's Name _____ Applicant's Social Security Number _____		Applicant's Mailing Address _____	
Telephone (work) () _____ Telephone (home) () _____			
Description of Property	Property I.D. or Parcel Number:		
Street Address (if different than above)	City or Township	School District No.	

Legal Description of Property:

OWNERSHIP DATA

I/We declare that I/We owned and occupied the property described above for the purpose of homestead on January 2, 19 ____ (or June 1, 19 ____, mid-year homesteads) and that such occupancy began on _____, 19 ____ and that my/our ownership is evidenced by a _____ deed dated _____, 19 ____ which provides for a sole/shared ownership interest by a total of ____ persons(s).

Minnesota Statutes Section 375.192, Subd. 1, requires the names and social security numbers of all property owners claiming homestead to verify that they are not receiving more than one homestead. Your social security number is private information. If you fail to provide the social security numbers, this property will not be eligible for the homestead classification. State law provides for county government to make social security number available only to the Minnesota Department of Revenue.

Owner's name _____	Social Security # _____
Owner's name _____	Social Security # _____
Owner's name _____	Social Security # _____
Owner's name _____	Social Security # _____

Attach a list containing additional social security numbers if necessary.

APPLICANT'S REQUEST

Applicant requests that the real estate described above be classified for the above year as real estate used for the purposes of a homestead and that the taxable value and the taxes for the above year be reduced accordingly. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Applicant's Signature **Date**

NOTE: Minnesota Statutes 1988, Section 609.41, "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 the maker of the statement 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 of not more than \$3,000.00, or both"

REPORT OF INVESTIGATION

I hereby report that I have investigated the statements made in the foregoing application and find the facts to be as follows:
 The applicant(s) has/have provided the following documentation as proof of occupancy:

Signature of Investigator **Date**

The following accurately reflects both existing and proposed amounts.

	Market Value			Class	Tax Capacity	Tax Before	Other	Total
	Land	Improvements	Total			Other Credits	Credits	Payable
Original								
Proposed								
Reduction								

+ Tax is Paid Date _____, 19____ Local Tax Rate _____

+ Tax is Not Paid

CERTIFICATIONS OF APPROVAL

NOTE: For this abatement to be approved, the assessor, county auditor and the county board of commissioners must all favorably recommend its adoption.

ASSESSOR'S RECOMMENDATION

(County assessor or city assessor in certain cities)

+ Approved + Denied _____
Assessor's Signature

COUNTY AUDITOR'S RECOMMENDATION

+ Approved + Denied _____
Auditor's Signature

COUNTY BOARD OF COMMISSIONER'S ACTION

(To be completed by county auditor)

+ Approved + Denied

I certify that at a meeting held _____, 19____ the county board, took the above official action on this abatement. This action was duly adopted and entered upon the minutes of its proceedings as a public record, showing the name(s) of taxpayer(s), other concerned persons and the amounts involved.

CERTIFICATION OF FINAL APPROVAL

(Complete only for approved abatements)

I further certify that the approval of this abatement has resulted in the following changes:

Reduction Of Tax	\$ _____
Reduction Of Penalty	\$ _____
Reduction Of Interest	\$ _____
Total Reduction/Refund	\$ _____
Total Payable	\$ _____

Signature of County Auditor Date