

Relative Homestead Renewal

Application for Relative Homestead Classification

You must occupy the property on January 2, and the application **must be returned to the Sherburne County Assessor's Office by January 15**, to be eligible for homestead classification for taxes payable in the following year. **Failure to fully complete this application may result in a denial of the homestead classification on the property described.**

Making false statements on this application is against the law. Minnesota Statutes, section 609.41 states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison.

This section is to be completed by all applicants. Please provide the following information pertaining to the property on which you are claiming homestead.

Property Address	Is this also your mailing address Yes No
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City	State	Zip	County
PID			

This section is to be completed by applicant(s) claiming homestead on the property. Each applicant must print his/her name and social security number below, and date the application. By signing below, I certify that the information on this form is true and correct to the best of my knowledge. I also certify that I am a Minnesota resident, and I occupy the property described in Section 1 as my primary residence. If you are married your spouse must also file for homestead.

Relative Occupant 1

Last Name	First Name	MI	Social Security Number	
Address where you reside.			City	State Zip
Signature		Date	Daytime Phone Number	
X				

Relative Occupant 2

Last Name	First Name	MI	Social Security Number	
Address where you reside			City	State Zip
Signature		Date	Daytime Phone Number	
X				