



# Cooper County

## Application for Senior Citizens Tax Credit as authorized by County Ordinance #07222024

Parcel Number \_\_\_\_\_ *Can be found on real estate property tax bill and/or receipt.*

Property Address \_\_\_\_\_

Owner of Record \_\_\_\_\_ *As recorded in the Recorder of Deeds' office.*

### APPLICANT INFORMATION

Applicant Name(s) \_\_\_\_\_ ; \_\_\_\_\_

Date of Birth \_\_\_\_\_ ; \_\_\_\_\_

Ownership Type  Individual/Joint  Other Entity *If Other Entity selected, attach trust agreement, operating agreement, etc.*

Yes  No Was the applicant 62 or older in the year of application? *In the case of joint ownership, only one owner need qualify.*

Yes  No Does the applicant occupy the property as their primary residence? *In the case of joint ownership, only one owner need qualify.*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### PROPERTY INFORMATION

*The following information will not impact eligibility.*

Yes  No Does the parcel include more than your Homestead?  
*A Homestead is the real estate property occupied by Eligible Taxpayer as their primary residence.*

Yes  No Are all taxes on this property paid through the prior tax year?

Yes  No Is the current homestead assessment under appeal?

### REQUIRED DOCUMENTS

*Please attach copies of the required documents to this application.*

**Proof of Identity and Age**  
*Include one of the following:  
Government-issued identification,  
such as, Driver's License, Birth  
Certificate, Passport, etc.*

**Proof of Missouri Residency**  
*Include one of the following:  
Driver's License, Voter Registration  
Card, state-issued nondriver  
identification, etc.*

**Proof of Ownership**  
**Deed Book \_\_\_\_\_ Page \_\_\_\_\_**  
*OR include a copy of deed identifying  
Applicant as an owner of the  
Property, or a written instrument  
showing applicant has legal or  
equitable interest in the Property.*

### OFFICE USE ONLY

Proof of Identity & Age  Y  N  
 DL  BC  P  
 \_\_\_\_\_

Proof of MO Residency  Y  N  
 DL  VR  MO ID  
 \_\_\_\_\_

Proof of Ownership  Y  N  
 Deed  Tr Ag  Op Ag  
Owner or legal or eq Int?  Y  N  
 \_\_\_\_\_

Property tax paid?  Y  N  
APPROVED  Y  N  
Reviewer \_\_\_\_\_

62 or Older 1/1/24?  Y  N

Primary residence?  Y  N

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Collector Approval \_\_\_\_\_

Assessor Approval \_\_\_\_\_

**CERTIFICATION**

1. I have read the statements and questions included in this application and understand them and certify that all responses are true and accurate.
2. I have the authority to act on behalf of the owners and occupants of the Property, and I have not claimed more than one primary residence as a homestead for the purpose of a property tax credit in Missouri or elsewhere.
3. I understand the County will rely on the information provided by the Applicant in this Application and this Certification is a material representation in evaluating this application for property tax credit.

I specifically certify the following:

- a. I am a resident of the State of Missouri.
- b. I was 62 or older in the year of application.
- c. I am the owner of record of the homestead for which I am seeking a property tax credit or have legal or equitable interest in such property by written instrument.
- d. I am liable for the payment of real property taxes on such homestead.
- e. I occupy the homestead as my primary residence for which I am seeking the Cooper County Senior Real Estate Tax Relief credit.

I understand I may be charged with a Class A misdemeanor as stated in Section 575.050 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.

**SIGN BELOW IN THE PRESENCE OF A NOTARY PUBLIC**

**Applicant Signature** \_\_\_\_\_ **Applicant Name (Printed)** \_\_\_\_\_

STATE OF MISSOURI     )  
                                  ) SS  
COUNTY OF COOPER    )

**SUBSCRIBED** and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_