OFFICE USE ONLY	CR-
Applicant Name	Owner Occupied
Assessment Year Assessor or Representative's Signature	Relative Occupied Residential Agricultural
Date Received	Approved Denied
Property ID Number (can be found on tax statement)	

## **Homestead Application**

Please read all instructions for important information about due dates and application requirements before completing this form. The qualifying occupant or occupants should complete this application. A qualifying occupant is an occupying owner and their spouse or a qualified relative and their spouse (if applicable).

### Section 1: Homestead Property Information

### Address of Homestead Property

City	State	ZIP Code	County
Date Purchased	Date Occupied	<u> </u>	Į
Is the property owned by a trust? Yes No Are there multiple owners of the property (not including	If yes, attach documents showing the ownership interests of the trust. ing spouses)? Yes No If yes, please provide the number of owners.		

### Section 2: Occupant Information

Occupant First Name and Middle Initial	Occupant Last Name	Social Security Number/ITIN (Required)
Phone Number	Email Address	

#### Mailing Address (if different than homestead property)

City	State	ZIP Code	
Are you listed as an owner on the deed?	Yes No If ye	s, do not complete sect	ion 6, Relative Homestead.
Are you a Minnesota resident?	Yes No		
Marital Status:	Single Married	Divorced L	egally Separated 📃 Widow
Previous Address			Date Vacated
City	State	ZIP Code	County
Did you claim homestead at your previous address?	Yes No If	yes, what happened w	ith your previous homestead
	(9	old, rented, etc.):	

### Section 3: Additional Occupant or Spouse Information

Occupant First Name and Middle Initial	Occupant Las	Name	Social Security Number	/ITIN ( <b>Required</b> )	
Phone Number	Email Address	Email Address			
Does the additional occupant or spouse occupy t Yes (List previous address below)		/? address below)			
Address					
City	State	ZIP Code	County		

### Complete sections 4 and 5 ONLY if there are additional occupying owners not listed above. If not, skip these sections.

### Section 4: Additional Occupant Information

Occupant First Name and Middle Initial	Occupant L	ast Name	Social Security Number/ITIN (Required)
Phone Number	Email Address		
Mailing Address (if different than homestead property)			
City	State	ZIP Code	
Are you listed as an owner on the deed?	Yes No If y	es, do not complete sect	on 6, Relative Homestead.
Are you a Minnesota resident?	Yes No		
Marital Status:	Single Marrie	Divorced	egally Separated Widow
Previous Address			Date Vacated
City	State	ZIP Code	County
Did you claim homestead at your previous address?	Yes No I	f yes, what happened w	ith your previous homestead (sold, rented,
	6	tc.):	

### Section 5: Additional Occupant or Spouse Information

Occupant First Name and Middle Initial	Occupant Last Name	Social Security Number/ITIN (Required)
Phone Number	Email Address	
Does the additional occupant or spouse occupy th Yes (List previous address below)	e homestead property?	
Address		

City	State	ZIP Code	County

#### **Section 6: Relative Homestead**

# Complete this section ONLY if you are a qualifying relative applying for homestead. Otherwise, skip to Section 7. If there are multiple owners, please attach their information separately.

Property Owner First Name and Middle Initial	Property Owne	r Last Name	Your Relationship to Occupant	
Property Owner Mailing Address				
City	State	ZIP Code	County	
Phone Number	Email Address	Email Address		
Is the property owner a Minnesota resident?				

### Section 7: Signature

I certify that the above information is true and correct to the best of my knowledge. 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 application must be signed by the occupant **and** their spouse (if applicable) and returned to the assessor.

Signature of Occupant	Date
Signature of Occupant's Spouse (If Applicable)	Date
Signature of Additional Occupant (If Applicable)	Date
Signature of Additional Occupant's Spouse (If Applicable)	Date

Complete entire application and attach any required documents. Mail, Email or drop off in person to your county assessor.

Beltrami County Assessor's Office 701 Minnesota Ave NW Bemidji, MN 56601 Email: assessorsoffice@co.beltrami.mn.us

## Form CR-H Instructions

## Who is Eligible for Homestead?

If you own and occupy your own property, you may be eligible to receive homestead. You must own the property and occupy it as your primary residence no later than December 31 of the current year to receive homestead for taxes payable next year. For information about the benefits of homestead, please contact your assessor.

## How and When to Apply

Complete and mail the application to your assessor within 30 days of establishing homestead, no later than December 31 to be eligible for homestead in the next tax year.

For manufactured homes, if you do not own the land the home is on, you must submit the application by May 29 to be eligible for homestead in the current tax year.

You do not have to reapply for each year. The assessor may ask for an updated application at any time.

Each applicant who occupies the property must provide a Social Security Number and sign the form. Spouses of the applicants must also provide their Social Security Number, even if they do not occupy the property.

## What if My Property is Held Under a Trust?

If the property is owned by a trust, the grantor of the trust is considered the owner when completing this application. The assessor may ask for additional information, including:

- Name and type of trust
- Grantors of the trust
- Signatures of the grantors and date of those signatures

### **Required Attachments**

If any owners or owners' spouses do not occupy the property, you must provide their names and addresses to the assessor.

The spouse of the occupant must provide their Social Security Number, even if they do not occupy the property.

If there are more than two qualifying occupants, attach another application with the occupant and occupant's spouse (if applicable) sections completed..

## Individual Tax Identification Number (ITIN)/Social Security Number (SSN)

An ITIN can only be used in situations where one spouse has a Social Security number and the other spouse does not. ITINs are not an acceptable alternative in any other case.

We will not disclose Social Security number(s) you provide on this form to the public, but we may share among government officials for tax collection and administration purposes.

## What is a Qualifying Relative?

For residential and agricultural homestead, qualifying relatives include: parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

### **Use of Information**

The information on this form is required by Minnesota Statutes, section 273.124 to properly identify you and determine if you qualify for homestead. Your Social Security number is required. If you do not provide the required information, your application will be denied. If you provide your Social Security number thereafter, the effective date of the homestead classification may be delayed. Your Social Security number is considered private data for purposes of establishing homestead.

### Penalties

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.

If you falsely claim homestead, you may be assessed a penalty equal to in the amount of the additional tax that would have applied to your property if it had not been considered homestead.

### **Questions?**

Contact the assessor's office for assistance.