



## JACKSON COUNTY Collection Department

Kansas City, Missouri 64106  
www.jacksongov.org

SeniorApplication@jacksongov.org

### Jackson County Senior Property Tax Credit Program Application

#### **Applicant Information**

Name(s): \_\_\_\_\_ Date of Application: \_\_\_\_\_

☐ First time applicant (Due 12/31) ☐ Renewal application

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

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **Property Information**

Address of Primary Residence (physical location of property): \_\_\_\_\_

☐ Yes ☐ No Is the property your primary residence?

☐ Yes ☐ No Is Applicant eligible for Social Security Retirement Benefits?

If yes, year of eligibility, \_\_\_\_\_

#### **Required Documents. Attach all documents listed below.**

1. Proof of Jackson County Residency.

☐ Attached

2. Proof of eligibility for Social Security Retirement Benefits. \*Not required for renewal application. (Note: Driver's license and birth certificate do not prove eligibility for Social Security and will not be accepted)

☐ Attached

3. Proof of Interest if applicant is not named on the account. \*Attach documentation showing Applicant has legal or equitable interest in the property, such as a trust agreement or operation agreement.

☐ Attached



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### Certification

1. I have read the statements and questions included in this Application and understand them and represent that all responses are true and accurate.
2. I am the owner of the property AND/OR I have the authority to act on behalf of the other owners and occupants of the Property.
3. I have not claimed more than one primary residence as a homestead for purposes of a property tax credit in Missouri or elsewhere.
4. I understand that the Jackson County Senior Property Tax Credit only applies to parcels with a Market Value, as determined by the Assessor, that is under \$550,000.
5. I understand the County will rely on the information I provided in this Application and this Certificate is a material representation in evaluating this Application for property tax credit. I specifically certify the following:
  - a. I am a resident of Jackson County, Missouri.
  - b. I am eligible for Social Security retirement benefits.
  - c. I am the owner of record of this property or have legal or equitable interest in such property by a written document.
  - d. I am responsible for the payment of real property taxes on this property.
  - e. All real property tax payments are currently up to date on this property.
  - f. I actually occupy the property as my primary residence.

**I understand I may be charged with a Class B misdemeanor as stated in Section 575.060 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.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **For Jackson County Office Use Only**

Parcel No. \_\_\_\_\_