

Assessment Year _____	Parcel Number(s):
FY MY Approved by:	

Application for the Residential Relative Homestead Classification

Please read the back of this form before completing. Each related occupant and owner of the property must sign the application. The property must be owned and occupied by no later than December 1, and the application must be returned to your assessor's office by December 15 to be eligible for homestead classification for taxes payable in the following year. **Failure to fully complete the application may result in a fractional homestead or denial of the homestead classification on the property described in Section 1.**

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.

Section 1 – Property Information	This section is to be completed by all Occupants. Please provide the following information pertaining to the property on which homestead is being claimed.			
	Property address _____			Is this also your mailing address? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____	State MN	Zip _____	County _____
	Parcel ID or legal description of all property on which homestead is being claimed (if you need more space, please attach a separate sheet of paper):			
Has this property ever been classified as "seasonal residential recreational" since it has been owned by the current owner or the spouse of the current owner? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Purchased by current owner / /	

Section 2 – OCCUPANTS Previous Residence	This section is to be completed by all Occupants claiming relative homestead. Please provide the following information pertaining to your previous residence.				
	Previous address _____			Parcel ID (if in Stearns County) _____	
	City _____	State _____	Zip _____	County _____	
	Date Vacated / /	Were you an owner or renter at this previous address? <input type="checkbox"/> Owner <input type="checkbox"/> Renter		If you were an owner, has this property been sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 3 – Applicants (occupants) claiming relative homestead on property	This section is to be completed by all applicant(s) claiming relative homestead on the property. Each <u>adult relative applicant claiming relative homestead and his/her spouse who occupies the property described in Section 1 must fill out the following information and sign and date the application. If the only occupant who is related to the owner is a minor, then the legal guardian must fill out the following section and sign on behalf of the minor. 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 place of residence.</u>				
	Relative 1	Last name	First name	Middle initial	Social Security number
					Date property occupied by applicant / /
	Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Relationship to owner	
	What is your marital status? <input type="checkbox"/> single <input type="checkbox"/> Married If married , does your spouse occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> divorced <input type="checkbox"/> legally separated				
	Signature (Relative 1 or legal guardian) X		Date / /		Daytime phone number
	Relative 2	Last name	First name	Middle initial	Social Security number
					Date property occupied by applicant / /
Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Relationship to owner		
What is your marital status? <input type="checkbox"/> single <input type="checkbox"/> Married If married , does your spouse occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> divorced <input type="checkbox"/> legally separated					
Signature (Relative 2 or legal guardian) X		Date / /		Daytime phone number	

Section 4 on the reverse side must be completed by all owners of the property.

This section is to be completed by all owners of the property. Please fill out the following information for each owner of the property described in Section 1 and sign 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 own the property described in Section 1, the individuals listed in Section 2 occupy this property and the property has never been classified as seasonal residential recreational at any time during which I or my spouse have owned it.

Owner 1	Last name	First name	Middle initial	Relationship to applicant claiming relative homestead	
Address where you reside		City		State	Zip
Signature (Owner 1) X		Date / /		Daytime phone number	
Owner 2	Last name	First name	Middle initial	Relationship to applicant claiming relative homestead	
Address where you reside		City		State	Zip
Signature (Owner 2) X		Date / /		Daytime phone number	

If you need more space to list additional occupant(s) or owner(s), please provide the information requested in the corresponding section on a separate sheet of paper and attach it to the application.

Please return this application to: City of St. Cloud
Assessor's Office
400 2nd Street South
St. Cloud, MN 56301