



MANUFACTURED HOME HOMESTEAD APPLICATION

Chisago County Assessor
313 North Main Street, Room 170
Center City, MN. 55012

APPLICATION FOR OWNER OCCUPIED HOMESTEAD AND NON-HOMESTEAD CLASSIFICATION

You must own and occupy the property on January 2nd of current year

ALL THREE SECTIONS MUST BE COMPLETE OR WILL BE RETURNED FOR CLARIFICATION

The application must be returned to be eligible for homestead for taxes for the current year. Failure to complete the application may result in a denial of the homestead classification on the property described below.

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 \$ 3,000.00 and/or one year in Jail.

Parcel ID: _____ Lot #: _____ Tax Year: 20_____

Section 1. Please provide the following information pertaining to the property you own and which you are claiming homestead or non-homestead classification.

I declare that on January 2nd of the current year, I occupied the property as my primary residence and was a Minnesota resident:

Please select one below:

- I am the owner / homestead I am the owner/ non-homestead I am not the owner, but occupy
 I am a qualifying relative of the owner: (Parents, Siblings, Grandparents, Cousins, ECT)

Section 2. Must be completed whether you are claiming homestead or non-homestead. Spouses/significant others must sign, provide Social Security Number and Date this application to receive a full homestead credit. This is a requirement from the State of Minnesota. If only one spouse/significant other signs application, you will receive 50% of the homestead credit.

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 occupy the property described in Section 1 as my primary place of residence. (If more space is needed, please use the backside of this document)

Print Name: _____ Social Security #: _____

Signature: _____ Date: _____ Phone: _____

Print Name: _____ Social Security #: _____

Signature: _____ Date: _____ Phone: _____

Mailing Address: _____

Phone: _____

Section 3. Description of Property

Year: _____ Make: _____ Vin#: _____ Purchase Date: _____ Price Paid: _____

Width: _____ Length: _____ Recent updates and/or Additions: _____

New Used

*** If you sell this property, you are required by state law to pay all delinquent and current taxes, obtain a tax release letter to transfer title. For information, call 651-213-8880.**

How we use this information: The Social Security numbers, affidavits, or other proofs of property owners and spouses are private data. Minnesota Statutes, Section 273.124, subd. 13, authorizes the collection of Social Security numbers and signatures of all applicants including spouses, on homestead applications, and non-homestead classifications. The county assessor may share the information contained on this form with the county auditor, county treasurer, county attorney, commissioner of revenue, or other federal, state, or local taxing authorities to verify your compliance with this and other tax programs.