



Daviess County Senior Citizen Real Estate Tax Credit Freeze Program

Application Deadline: June 30th and must be completed each year

Date Submitted: _____

Owner of Record _____ as listed on real estate tax bill
Parcel Number _____ Also found on real estate tax bill and/or receipt
Physical Address of Property _____

APPLICANT INFORMATION

Applicant Name _____ Date of Birth _____

Will the applicant be 62 years or older by December 31st? [] Yes [] No

Applicant Name _____ Date of Birth _____

Will the applicant be 62 years or older by December 31st? [] Yes [] No

Does the applicant(s) occupy the property as their primary residence? [] Yes [] No

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____

E-Mail Address _____

PROPERTY INFORMATION

- [] Yes [] No Does the parcel include more than your Homestead?
A Homestead is the real estate property occupied by the Eligible Taxpayer(s) as their primary Residence and up to 3 (three) acres.
- [] Yes [] No Have any improvements or additions been made to the property in the past year?
- [] Yes [] No Is more than 50% of the Homestead (resident property) leased to others?

REQUIRED DOCUMENTS

Attach copies of the required documents to this application for each applicant

Proof of Ownership
Deed Book _____ Page _____
Include a copy of the deed identifying applicant as an owner of the property

Proof of Identity & Age
Include one of the following:
Government-issued I.D., such as Driver's License, Passport, etc.

Proof of Residency
Voter Registration card, if not a registered voter, Bank Statement

Paid Tax Receipt(s)
Receipt should include name of applicant(s) and show applicant(s) is not delinquent in payment of taxes to Daviess County Collector.

Upon review of the application, additional documents can be requested

Continued on the next page....



CERTIFICATION

Owner initial Co-Owner

Read and initial the following statements:

Owner initial box Co-Owner initial box

1. I have read the statements and questions included in this application and understand them, and certify that all responses are true and accurate.

Owner initial box Co-Owner initial box

2. I have the authority to act on behalf of the other owners and occupants of the homestead, and I or my spouse have not claimed more than one primary residence as a homestead for the purpose of a property tax credit in Missouri or elsewhere.

Owner initial box Co-Owner initial box

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.

Owner initial box Co-Owner initial box

4. I understand pursuant to Article III, Section 38(b) of the Missouri Constitution, this credit does not apply to the state portion of my tax bill.

Owner initial box Co-Owner initial box

5. I understand pursuant to Article VI, Section 26a-g of the Missouri Constitution, this credit does not apply to any bond indebtedness of political subdivisions in which the homestead is located.

Owner initial box Co-Owner initial box

6. I understand special assessments as listed in Daviess County Order #2025-00 do not apply.

Owner initial box Co-Owner initial box

7. I understand that any new or increases to existing tax levies approved by voters after the initial credit year will not be applied to the tax credit.

I specifically certify the following:

- a. I am a resident of Daviess County
b. I am at least 62 years of age.
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 Daviess County Senior Real Estate Tax Relief Credit.

I understand I may be charged with a Class B misdemeanor as stated in RSMo 575.060 and/or 575.060, 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 a Senior Citizen Property Tax Credit for the homestead identified in this application.

Signature _____

Date _____

Signature _____

Date _____

Notary Seal

Subscribed and sworn before me this ___ day of ___ 20___
State ___ County ___ Commission Expires ___
Notary Public Signature ___
Notary Printed Name ___