

**Application for Senior Citizen Tax Credit as  
Authorized by Greene County Commission  
on August 28, 2023**

Date of Application: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name(s): \_\_\_\_\_ Individual/Joint ownership:  Other Entity:   
[ ] [\*If Other Entity is selected, please attach trust agreement, operating agreement, etc.]

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

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

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**PROPERTY INFORMATION:**

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

- Yes  No Does Parcel include only your residence ("Homestead")?
- Yes  No Is the current homestead assessment under appeal?
- Yes  No Have any improvements or additions been made to the property in the past year?
- Yes  No Is Applicant eligible for Social Security Retirement Benefits? If yes, year of eligibility: \_\_\_\_\_
- Yes  No I have previously submitted an Application for Senior Citizen Tax Credit and there are no changes to the information I previously submitted. No documentation required.
- Yes  No Are taxes on this property paid through the most recent tax year?

**\*\*\*A copy of Applicant's Social Security Benefit Verification Letter or copy of the current 1099 from Social Security must be attached to this application.\*\*\***

**REQUIRED DOCUMENTS. Attach all documents listed below.**

1. Proof of Identity. An applicant must provide proof of their identity. Any one of the following documents may be attached:

- Birth Certificate  Driver License  
 State or Federal Photo ID

2. Proof of Ownership. Deed identifying Applicant as owner of the Property, or a written instrument showing Applicant has legal or equitable interest in the Property.

Attached

3. Proof of Liability for Payment of Taxes. Copy of the most recent full year **paid** property tax receipt for the parcel.

Attached

APPLICATION DUE  
BY SEPTEMBER 30  
ANNUALLY

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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 have the authority to act on behalf of the other owners and occupants of the Property, and that I have not claimed more than one primary residence as a homestead for purposes of a property tax credit in Missouri or elsewhere in the United States of America.

3. I understand Greene County will rely on the information provided by me in this Application and this Certification is a material representation in evaluating this Application for property tax credit. I specifically certify the following:

- a. I am a resident of the State of Missouri.
- b. I am eligible for Social Security retirement benefits.
- c. I am an 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 actually occupy the homestead as my primary residence for which I am seeking a Senior Citizen tax credit.

**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.**

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

<b>Notary Information</b>	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this		
		day of		year
		State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY)
				___/___/___
	Notary Public Signature			
	Notary Public Name (Typed or Printed)			

**FOR OFFICE USE ONLY**

**ELIGIBILITY VERIFICATION**

Approved  Yes  No: Reason: \_\_\_\_\_