

Saline County Senior Tax Credit Application Form

CINDI A. SIMS
Saline County Collector

19 E Arrow St. Room 201 Marshall, MO 65340
660.886.5104
seniortaxcredit@salinecountymo.gov



Date of Application _____

■ Applicant Information

Name _____ Date Of Birth _____

Name _____ Date Of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email Address _____

Parcel # _____ The Parcel # can be found on the top right corner of your paid tax receipt

Address of Primary residence (if different from mailing address):

■ Required Documents. Attach all documents listed below.

Proof of Saline County Residency

Examples include: Utility bill, Voter Registration, Driver's License, Real Estate Tax Receipt.

☐ ATTACHED

Proof of Age (62 or older)

Note: Any government-issued document with your Date of Birth will be accepted.

☐ ATTACHED

Proof of Ownership

Note: A copy of the deed identifying the applicant as the property owner. If the applicant is not named on the account (trust, LLC, corporation, etc.), provide documentation showing the applicant has legal or equitable interest in the property, such as a trust agreement or operating agreement.

☐ ATTACHED

What happens next?

1. Return signed and notarized application with attachments to the Saline County Collector to PO Box 146 Marshall, MO 65340 or by email at seniortaxcredit@salinecountymo.gov.
2. In approximately 30 days, you will be notified by mail on the status of your application.
3. You will be mailed a renewal application annually in January. This renewal must be returned to continue the credit.

Saline County Senior Tax Credit Certification of Facts

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■ Certification

By signing this application, I certify the following:

1. I am the owner of the property, or I have the authority to act on behalf of the other owners and occupants of the property.
2. I have not claimed more than one primary residence as a homestead for the purposes of a property tax credit in Missouri or elsewhere.
3. I understand the County will rely on the information provided in this application, and this certification is a material representation in evaluating this application.

Specifically, I certify that:

- a. I am a resident of Saline County, Missouri.
- b. I am 62 years of age or older.
- c. I am the owner of this property or have legal or equitable interest in it through a written document.
- d. I am responsible for the payment of real property taxes on this property.
- e. I occupy the property as my only primary residence.

I hereby swear or affirm under penalty of perjury that all statements made by me are true and correct. I understand that any false statement, fraudulent statement, or misrepresentation of a fact material for the purpose of obtaining or receiving the tax credit for the homestead identified in this certification/application/affidavit made herein may result in misdemeanor or felony charges as stated in sections 575.040, 575.060, 570.408, 570.140, 570.095, or 575.050 RSMo.

Printed Name _____

Printed Name _____

Signature _____

Signature _____

Date _____

Date _____

■ Notary Public

State of _____)
County of _____) SS

On this _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the written instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Seal

Notary Public

My Commission Expires: _____