



CAMPBELL COUNTY APPLICATION FOR HOMESTEAD / DISABILITY

In Lieu of 62A350



PIDN: 999-99-__-__-__-__-__-__-__-__-__-__

Date: __/__/__

Application is hereby made for the homestead exemption provided by Section 170 of the Kentucky Constitution.

Please print or type all requested information.

1. Name of owner-applicant	Date of birth	Age	Relationship to other occupants
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____
_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____

2. Address of personal residence: _____
 City _____ State _____ Zip Code _____

3. Type of residential unit: single family residence duplex apartment building mobile home
 condominium other (describe) _____

AFFIDAVIT AND OATH

I, _____, hereby swear (affirm) under penalty of perjury that I (we) am (are) the owner(s) of the property for which this assessment exemption is sought and that I (we) do not or will not claim an exemption for any other property in this Commonwealth or another state. I further swear (affirm) that I (we) maintain this residential unit as my (our) primary residence; that I (we) am (are) 65 years of age or over, or totally disabled; and that all information contained in this application is true and correct.

If qualifying under the disability provision under KRS 132.810(2), I do further swear (affirm) under penalty of perjury that my disability is continuing and that if my disability status changes and benefits are no longer received I shall report such changes to the property valuation administrator's office as required by KRS 132.810(4)(b). Failure to do so could result in supplemental bills being issued for the amount of the exemption received for up to a period of five years.

Signature of Applicant 1

Date

Signature of Applicant 2

Date

RESERVED FOR OFFICIAL USE

This application is: approved disapproved Scanned _____ Data Entered _____

(See Explanation on Reverse)

EXPLANATION

1. This application-affidavit must be submitted by December 31st of the year in which exemption is sought to the property valuation administrator of the county in which the residential unit is located. In addition, the applicant must own, occupy and maintain the subject property as a taxable interest as of January 1 during the tax year for which the exemption is sought (in accordance with KRS 132.220(1)).

2. *What does homestead exemption mean?*

The homestead exemption provides for a reduction in the net taxable value of the owner's personal residence. The amount of the exemption is reviewed every two years. Under the provisions of the Homestead statute, a person or persons must be 65 years of age or older or totally disabled during the year for which application is made, and must own, occupy and maintain a residential unit for such exemption.

3. *What is the age requirement?*

A person or persons owning, living in and maintaining a residential unit must meet the 65 years of age requirement. If only one spouse is 65, the age requirement is met.

4. *How do I verify my age?*

Date of birth of the applicant(s) must be established by a substantiating document, such as:

1. Birth certificate* or birth registration*
2. Confirmation or baptismal records
3. Driver's License* or state issued photo ID*
4. Medical Assistance Card carrying an A or J prefix to Social Security Number
5. Passport*
6. Red, White and Blue Medicare Card issued by Social Security
7. School records
8. Primary documentation

5. *What are the disability requirements?*

A person must be classified as totally disabled under a program authorized or administered by an agency of the United States government or by any retirement system either within or without the Commonwealth. In addition, the following provisions must be met:

- A. The applicant must have maintained the disability classification for the entire year.
- B. The applicant must have received disability payments under this classification.
- C. Verification documentation must be submitted to the property valuation administrator by December 31 in the first year of eligibility.

6. Review of Applicants

At any time a Property Valuation Administrator may conduct a review of applications and may require an applicant to re-apply or submit proof of continuing disability and benefits received.

7. KRS 132.810(2)(h) provides, "When title to property which is exempted, either in whole or in part, under the homestead exemption is transferred, the owner, administrator, executor, trustee, guardian, conservator, curator or agent shall report such transfer to the property valuation administrator."

8. Fraudulent Misrepresentations

Under the provisions of KRS 132.990(1), "Any person who willfully fails to supply the property valuation administrator or the Department of Revenue with a complete list of his property and such facts with regard thereto as may be required or who violates any of the provisions of KRS 132.570 shall be fined not more than five hundred dollars (\$500)."

9. If ownership is fee simple, equitable title, jointly with survivorship or jointly in common, applicant receives full exemption or up to the assessed value of his interest in the property, whichever is less. If ownership is by stock ownership or membership, the amount of exemption is full exemption or the percentage that the applicant's ownership bears to the total value of the property.
(Example: Total value of the structure = \$50,000; applicant's stock ownership = 10%; exemption limit = \$5,000.)