CASS COUNTY HOMESTEAD APPLICATION

Cass County Assessor's Office
Cass County Courthouse
PO Box 3000
Walker MN 56484

Because taxes and refunds on homestead property are beneficial to property owners, MN State Law imposes severe penalties for persons falsely declaring homestead status.

By signing this application you are, under penalty of law, claiming that the following statements are true and accurate.

1) You are a legal resident of Minnesota.
2) You make yourself available to pay Minnesota Income Tax.
3) You will not be applying for Renter's Credit anywhere.
4) You actually reside on this property as a permanent resident.
5) You do not use this property for seasonal recreational purposes only.
6) If you vote, you are registered in Cass County.
7) Your driver's license shows this address as your home.

RESET FORM

You have legal ownership interest in the property **OR** are related to the owner.
Your Social Security Number will be given to and used by the Minnesota Department of Revenue to identify fraudulent taxpayers.
Your Social Security Number is private data.

PLEASE PRINT CLEARLY

OCCUPANT/APPLICANT'S NAME(S) AND **MAILING** ADDRESS _____

_____

Are You Married? _____ CITY or TOWNSHIP in which Property is Located: _____

LEGAL DESCRIPTION or PROPERTY ID# _____

NAME of Previous Owner _____

Your Previous Address:_____ City:_____ State:_____

Were you renting or living with parents? ☐Yes ☐No
Was your previous property classified as homestead? ☐Yes ☐No
If "Yes", have you contacted County to have it removed? ☐Yes ☐No County: _____
If "No", you will need to contact County.
This property ☐was sold, date:_____; ☐is empty and vacant; ☐is rented out; ☐other:_____

IF ALL OWNERS DO NOT LIVE ON THE PROPERTY, STOP HERE AND COMPLETE OTHER SIDE →

IF ALL OWNERS (& SPOUSES) LIVE ON THIS PROPERTY, COMPLETE THE NEXT SECTION.

DATE This Became Your Homestead _____ DATE of Application _____
M DAY YEAR

PLEASE PRINT ALL NUMBERS CLEARLY

Signature _____ Social Security Number _____

_____ Social Security Number _____
Spouse

Phone Numbers: Home _____ Work _____ Cell _____

Date of PURCHASE _____ Purchase PRICE _____

OFFICE USE ONLY PIN # _____

APPROVED ( ) DENIED ( ) _____ PAY _____

NOTES _____

☐Address Changed _____
☐Address OK
☐Recorded
☐Relative _____

☐F16 Notes
☐Hmstd
☐Adm Chg

☐Confirmation
☐Denial
☐Letter sent _____
☐ Issues _____

IF YOU ARE:

A RELATIVE OR OTHER OWNER LIVING ON THE PR0PERTY, FILL THIS SECTION OUT:
(Note: If all owners and spouses live on the property, complete the front page only)

NAME AND MAILING ADDRESS: _____

☐ **Same as front page** _____

_____

1) You are a Relative of the owner(s) ☐Yes ☐No
2) You are an Owner and a Relative of the Other Owner(s) ☐Yes ☐No
3) I am a _____ of the owner(s) (How are you related: child, uncle, parent, etc?)
4) Your spouse is in a nursing home or assisted living ☐Yes ☐No ☐N/A

DATE This Became Your Homestead _____
MONTH DAY YEAR

Your PHONE Numbers:
Home _____ Work _____ Cell _____

Your Signature(s) Social Security Number(s)

_____ _____

_____ _____
Spouse's Signature

DATE of Application (today) _____

INFORMATION ON OWNERS (AND THEIR SPOUSES) NOT LIVING HERE:

Names of the Owner(s) or Other Owner(s) **Address(es)** of non-occupant(s)

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

For assistance, contact Assessor's Office: 218-547-7298
Revised 8/21/08