Senior Real Estate Tax Credit Application

As authorized by Johnson County MO Ordinance #25-01

DUE BY JUNE 30, 2025

Please retain a copy of your application for your records.

PROPERTY "HOMESTEAD" INFORMATION

("Homestead")		
Parcel Number	Primary Residence/Homestead Address	
Ownership Type: 🔲 Individual / Joint 📋 Other Entity		
☐ Yes ☐ No Does the Parcel include only your residence ("Homestead")?		
Yes No Have any improvements or additions been made to the Homestead in the past year?		
Yes No Is the current Homestead assessment under appeal?		
Yes No Are taxes on the Primary Residence/Homestead paid through the current tax year?		
Yes No Are the real property taxes for this property escrowed with your mortgage payment?		
APPLICANT INFORMATION		
Applicant 1	Applicant 2	
Name (Last, First, Middle suffix)	Name (Last, First, Middle suffix)	
Date of Birth (MM-DD-YEAR)	Date of Birth (MM-DD-YEAR)	
Phone (###-#####)	Phone (###-#####)	
Email Address Check if primary	Email Address Check if primary	
YesNoI was at least 62 years of age or older by December 31, 2024.YesNoYesNoI occupy the "homestead" property as my primary residence.YesNo		

Mailing Address (Street Address, City, State, Zip Code)

REQUIRED DOCUMENTS (Each applicant must submit required documents)

- 1. Proof of Missouri Residency (A Copy of One of the following):
 - a. Voter Registration Card
 - b. Driver License or Non-Driver License
 - c. Other (current utility bill, mortgage statement, military identification, etc.)
- 2. Proof of Ownership (All applicable):
 - **a.** A Copy of Deed identifying the Applicant as the owner of the property or a written instrument showing Applicant has legal or equitable interest in the Property. (If Applicant is listed as owner on tax receipt a copy of deed is not required)
 - b. Trust Agreement or Operating Agreement Required if property is owned by an entity (i.e. trusts, LLC, corporation, partnership)
- 3. Current Paid Tax Receipt for Parcel (Collector can provide a copy)
- 4. Proof of Age (A Copy of One of the following):
 - a. Driver License or Non-Driver License
 - b. Birth Certificate
 - c. Passport

	Office Use Only Missouri Residency App 2 Voter Registration Card Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Office Use Only Diver Registration Card Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" Ima
•	Ownership Deed Trust/Operating Agreement Not Applicable
	Current Taxes Paid Tax Receipt for Parcel
	Age Driver License or Non-DL Birth Certificate Passport

Submit Application to: Johnson County Collector 1310 S. Maguire Street Warrensburg, MO 64093

CERTIFICATION

[applicant printed name(s)],

- 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 Homestead, 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.
- 3. I understand the County will rely on the information provided by Applicant 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.

Ι.

- b. I am at least 62 years of age or older.
- 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 misdemeanor as stated in Sections 575.050 and/or 575.060, RSMo if any information submitted in this application is found to be a false affidavit or 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.

SIGN BELOW IN THE PRESENCE OF COLLECTOR OFFICE STAFF OR NOTARY PUBLIC

//2025	/2025
Applicant 1 Signature	Applicant 2 Signature
SUBSCRIBED AND SWORN to before me this d	day of, 2025.
	(SEAL)
Collector or Collector's Deputy or Notary Public (if Notary Public, sea	al is required)
The Collector will review applications and reque Incomplete or late applications will be denied. Notification of	
Collector Received: / /2025 Staff: Date of Review: / /2025 Parcel Card Received from Assessor: / /2025	
Collector's Recommendation: APPROVE the Application DENY the Application for the following reason(s):	Notification Sent: / /2025 Staff: Software Update N/A /2025 Staff: /2025 Staff: