**APPLICATIONS MUST BE SUBMITTED ANNUALLY BETWEEN JANUARY 1 – JUNE 30**

# MILLER COUNTY RESIDENTIAL REAL ESTATE PROPERTY
# SB190 TAX CREDIT FREEZE PROGRAM - PRIMARY RESIDENCE ONLY

**RETURN TO: MILLER COUNTY COLLECTOR, PO BOX 217, TUSCUMBIA MO 65082**
**Phone: (573) 369-1925 Email: collector@millercountymo.gov**

Parcel Number: _____ (Parcel Number/Tax ID located on real estate property tax bill-receipt)

Property Owner: _____

Primary Residence Physical Address: _____

## APPLICANT INFORMATION

Applicant Name(s): _____ ; _____
(only one qualified applicant need apply)

Has the applicant attained the age of 62 years or older? YES _____ NO_____ Date of Birth: _____ ; _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number(s): _____ ; _____

Email Address: _____

Ownership Type: ☐ Individual/Joint ☐ Revocable or Living Trust

**If owned in Trust, provide copies of the page(s) of Trust Document stating the following, if not already provided:**
*** Trust name * name of Trustee(s) * name of Successor Trustee(s) *Trust is Revocable and/or Living Trust**

Have you previously applied for the Miller County Tax Credit Freeze Program? YES ____ NO ____ If yes, most recent year? _____

Is your name listed on the most recent paid tax receipt for this property? YES ____ NO ____

Identify other occupants of Primary Residence: _____ ; _____

## PROPERTY INFORMATION

Yes _____ No _____ Is this your primary residence, do you reside in this residence at least 180 days of the year?

Yes _____ No _____ Does the parcel include more than one structure that serves as a residence and or dwelling?

Yes _____ No _____ Other than maintenance, have any improvements or new construction been made to the property in the past year? If yes, please explain: _____

Yes _____ No _____ Are real property taxes paid current on this property as of application date?

**PLEASE NOTIFY THIS OFFICE IMMEDIATELY OF A CHANGE IN YOUR STATUS OR CHANGE IN PROPERTY OWNERSHIP NAME**

## REQUIRED DOCUMENTS

**Please attach copies of the required documents listed below to accompany this application.**
**(If you applied and provided the requested documents with a previous application, those documents remain on file)**
**(Only provide additional documents if <u>any</u> previously submitted documentation is outdated)**

☐ **Proof of Identity and Age**
*<u>Include one of the following:</u>*
*Government issued identification, such as MO Driver's License, Birth Certificate, Passport, etc.*
*(Must be age 62 or older by application date)*

☐ **Proof of Missouri Residency**
*<u>Include one of the following:</u>*
*MO Driver's License, Voter Registration Card, State Issued nondriver identification, etc.*
*<u>(Applicants shall have only one primary</u>* <u>residence, in Missouri or elsewhere)</u>

☐ **Proof of Ownership**
**Deed Book _____ Page _____**
OR *include a copy of deed identifying applicant as owner of the property*
*(If deed is unavailable, our office may be able to verify deed and* ownership)

## (APPLICANT - PLEASE SEE NEXT PAGE FOR SIGNATURE AUTHORIZATION)

*OFFICE USE ONLY*

| | | | |
|---|---|---|---|
| Proof of Identity & Age ____ YES ____ NO<br>____ DL ____ BC ____ P<br>OTHER _____<br>Age 62 by App Date ____ YES ____ NO | Proof of MO Residency ____ YES ____ NO<br>____ DL ____ VR ____ MO ID<br>OTHER _____<br>Primary Residence ____ YES ____ NO | Proof of Ownership ____ YES ____ NO<br>____ DL ____ VR ____ MO ID<br>OTHER _____<br>Primary Residence ____ YES ____ NO | PROPERTY TAXES PD? ____YES ____ NO<br>APPROVED: ____ YES ____ NO<br>REVIEWER: _____<br>DATE: _____/_____/_____ |
| | Property Value Change ____ YES ____ NO | Date sent to Assessor's Office _____ | |

PURSUANT TO MILLER COUNTY ORDINANCE NO. 2023-237 DATED 12/06/2023 AND AMENDED 10/11/2024
AS IT PERTAINS TO SB 190 AND SB 756, RSMO 137.1050

General:

1. An Application for Eligible Taxpayer Tax Credit Freeze must be filed each TAX YEAR in which TAX CREDIT is requested. Said Application must be attested to, and the information contained therein sworn to under penalty of law.
2. At no time shall a credit, refund, or other compensation be available for any abandoned TAX CREDIT FREEZE for previous tax years in which an application for Eligible Taxpayer Tax Credit Freeze was not filed.
3. The most recent Miller County Tax Statement for the primary residence must be paid current at time of application.
4. For years in which a TAX CREDIT FREEZE is applied, disbursement of taxes received by the Miller County Collector shall be calculated using the tax levies applicable when establishing the ELIGIBLE CREDIT AMOUNT.
5. An Applicant may contact The Miller County Collector's office at (573) 369-1925 for approval verification by August of each year.
6. Each Miller County elected official shall be authorized and empowered to adopt such rules and procedures as are necessary in order to carry out and implement the provisions of this Order(s) and Ordinance(s) and to develop and require such documents, applications and instruments as may be necessary or desirable to permit the application of the tax credits authorized herein, and to carry out, comply with and perform the requirements of the provisions set forth in this Order(s) and Ordinance(s).

Penalty:

1. Any person submitting an Application for Eligible Taxpayer Tax Credit Freeze, if found falsifying any information on said Application, is subject to criminal prosecution, including but not limited to, prosecution for perjury, falsifying records, stealing by deceit, or other crimes as may be identified by law enforcement officials of this county or state.
2. Any person who pleads guilty or is convicted of violating any of the provisions of this Ordinance or pleads guilty or is convicted of any crime associated with filing the Application for Eligible Taxpayer Tax Credit Freeze pursuant to this Ordinance, shall not qualify as an ELIGIBLE TAXPAYER for any future TAX CREDIT in Miller County.

<u>Certification</u>

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 owner(s) and occupant(s) of the Property, and I have not claimed more than one primary residence for purposes of a property tax credit in Missouri or elsewhere.
3. I understand that Miller 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 and Miller County.

   b. I have attained 62 years of age or older as of application date.

   c. I am an owner of record of the Primary Residence of which I am seeking a property tax credit or have a legal or equitable interest in such property by written instrument.

   d. I am liable for the payment of real property taxes on such Primary Residence.

   e. I occupy the home for which I am seeking a property tax credit freeze, as my primary residence.

I hereby declare under penalties of perjury that the information submitted in this Application is true and correct and that I am not aware of any information that would prohibit or disqualify me from receiving the tax credit freeze for the Primary Residence identified in this Application.

Signature: _____ Date: _____

(Electronic Signature Not Accepted)