

## CLAY COUNTY SENIOR REAL ESTATE PROPERTY TAX RELIEF PROGRAM

Required documents are due with the application by March 31st, 2025

PROPERTY INFORMATION	
Property Address (number and street, city, state and ZIP code)	Parcel ID#
Owner of Record (As recorded in the Recorder of Deeds' office)	
Yes No Was your home built in <b>2024</b> ?	

Yes 🗌 No 🛛 Are all real property taxes paid on the home?

PRIMARY APPLICANT INFORMATION		
Name of Applicant	Date of Birth	

## SECONDARY APPLICANT INFORMATION (OPTIONAL) - MUST ALSO BE ELIGIBLE

Name of Applicant	ne of Applicant		Date of Birth	
Ownership Type Individual, Will the primary applicant turn Will the secondary applicant tu Does the applicant(s) occupy t	62 or older during <b>2025</b> ? urn 62 or older during <b>2025</b>	☐ Yes ☐ No ? ☐ Yes ☐ No	Igreement, operating agreement, etc) No	
Mailing Address				
City	State		Zip Code	
Phone Number	<b>I</b>	Email Address		
REQUIRED DOCUMENTS (OPTIONAL REQUIRED DOCUMENTS)				
Please attach copies of all of the following required documents to this application Proof of Identity and Age Valid United States Government-issued identification, that includes a photo and date of birth. Proof of Paid Taxes Copy of most current paid tax receipt Proof of Paid Taxes Copy of most current paid tax receipt Proof of Ownership If the applicant's name is different from the Assessor Tax Records include a copy of the property deed and any other documents showing the applicant has a legal or equitable interest in the home/property.				
OFFICE USE ONLY				
PROOF OF IDENTITY & AGE YNN DL POTHER	62 OR OLDER 2025? Y N PRIMARY RESIDENCE? Y N	DEED TRUST TAX	PROOF OF OWNERSHIP     \  \N     PROPERTY TAX PAID?     \  Y \  N       DEED     TRUST     TAX RECORD     APPROVED     \  Y \  N       OWNER OR LEGAL OR EQ INT?     \  Y \  N     REVIEWER	

Parcel ID#

## CERTIFICATION

- 1. I have read the statements and questions included in this application and understand them and certify that all responses are true and accurate.
- 2. I am an owner and have the authority to act on behalf of the owners and occupants of the home, and I have not claimed more than one primary residence as a home for the purpose of a property tax credit in Missouri or elsewhere.
- 3. I understand the county will rely on the information provided by the applicant(s) in this application and this certification is a material representation in evaluating this application for a property tax credit.
- 4. If additional construction or extensive improvements are made to the property, it may change your base year.

I certify the following:

- a. I am a resident of Clay County, Missouri.
- b. I am or will be age 62 within the calendar year of **2025**.
- c. I am the owner of record of the home 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 home.
- e. I occupy the home as my primary residence for which I am seeking the Clay County Senior Real Estate Tax Relief Credit.

I understand I may be charged with a Class B misdemeanor as stated in RSMo Section 575.060.1(1)(b) if any information submitted in this application is found to be a false declaration and I am not aware of any information that would prohibit or disqualify me from receiving the tax credit for the home identified in this application.

I so certify, Primary Applicant

Print Name

Signature

I so certify, Secondary Applicant

Print Name

Signature

Date

Date

## SUBMIT COMPLETED APPLICATION AND REQUIRED DOCUMENTS BY MARCH 31, 2025 TO:

Clay County Clerk Attn: Tax Relief Program 1 Courthouse Square Liberty, MO 64068 (816) 407 - 3580 Completed applications may be dropped off in our drop box outside, or also completed online.

Please allow a minimum of sixty (60) days for your application to be reviewed and notifications to be sent.