				Cit II	
OFFICE USE ONLY Applicant Name	Type of Applic	ation	Owner Occupied		
Assessment Year				☐ Relative/Residential ☐ Relative/Agricultural	
Assessifient real		Determination	1	☐ Approved	
Assessor or Representative's Signature				☐ Denied	
Date					
Homestead Application		<u></u>			
Please read the instructions for important information occupant or occupants should complete this applicatio occupying relative and their spouse (if applicable). Appproperty, applications are due by May 29.	n. A qualifying occupant is	s an occupying owner	and their spou	se (if applicable) or an	
Section 1: Homestead Property Information					
Address of Homestead					
City	State	State ZIP Code		County	
Date Purchased	Date Occupied				
Property ID Number (Found on the Property Tax Statem	ent)				
Is the property owned by a trust? Yes No	If yes, attach documents s	howing the ownership i	interests of the	trust.	
Are there multiple owners of the property (not including	g spouses)?	No If yes, please pr	ovide the numi	ber of owners	
Section 2: Occupant Information					
Occupant First Name and Middle Initial	Occupant Last Name		Social Security Number/ITIN		
Phone Number	Email Address				
Occupant's Mailing Address (if different than homestead	d property)				
City	State	ZIP Code			
Are you listed as an owner on the deed?	Yes No If ye	 s, do not complete sect	ion 4, Relative	Homestead.	
Are you a Minnesota resident?	Yes No				
Marital Status:	Single Married	Divorced L	egally Separate	ed Widowed	
Your Previous Address			Date Vacated		
City	State	ZIP Code	County		
Did you claim homestead at your previous address?	Yes No If	yes, what happened wi	ith your previo	us homestead	
	old, rented, etc.):	nted, etc.):			

(Rev. 7/21) Continued

Section 3: Spouse Information					
Spouse of Occupant First Name and Middle Initial	Spouse of Occupant Last Name So		Social Security Number/ITIN		
Phone Number	Email Address				
Does the spouse occupy the property listed in Section 1? Yes (List their previous address below) No		ddress below)			
Address			Date Vacated		
City	State	ZIP Code	County		
Complete sections 2a and 3a ONLY if there are other occ	cupying owners not lis	ted in section 2 or 3. If not	, skip these sections.		
Section 2a: Additional Occupant Information					
Occupant First Name and Middle Initial	Occupant Last Name So		Social Security Number/ITIN		
Phone Number	Email Address				
Occupant's Mailing Address (if different than homestead	property)				
City	State ZIP Code				
Are you listed as an owner on the deed?	Yes No If yes, do not complete section 4, Relative Homestead.				
Are you a Minnesota resident?	Yes No				
Marital Status:	Single Married Divorced Legally Separated Widowed				
Your Previous Address			Date Vacated		
City	State	ZIP Code	County		
Did you claim homestead at your previous address?	Yes No If yes, what happened with your previous homestead (sold, rented, etc.):				
Section 3a: Additional Spouse Information					
Spouse of Occupant First Name and Middle Initial	Spouse of Occupant Last Name		Social Security Number/ITIN		
Phone Number	Email Address	<u> </u>			
Does the spouse occupy the property listed in Section 1? Yes (List their previous address below) No		ddress below)			
Address			Date Vacated		
City	State	ZIP Code	County		

Section 4: Relative Homestead				
Complete this section ONLY if you are a qualifying please attach their information separately.	relative applying for	homestead. Otherwise, sk	ip to Section 5. If there are multiple ow	ners,
Property Owner First Name and Middle Initial	Property Owne	er Last Name	Your Relationship to Property Ow	ner
Property Owner Mailing Address				
City	State	ZIP Code	County	
Phone Number	Email Address	Email Address		
Yes No Section 5: Signature				
I certify that the above information is true and confalse information in order to avoid or reduce their to				ne giving
This application must be signed by the occupant an				
Signature of Occupant			Date	
Signature of Occupant's Spouse (If Applicable)		Da	Date	
Signature of Other Occupant (If Applicable)			Date	
Signature of Other Occupant's Spouse (If Applicable)			te	

Complete entire application and mail along with all required attachments to your assessor.



Return to: Crow Wing County Land Services 322 Laurel Street, Suite 15 Brainerd, MN 56401

Form CR-H Instructions

Who is Eligible for Homestead?

If you own and occupy your own property, you may be eligible to receive homestead. You must own the property and occupy it as your primary residence no later than December 31 of the current year to receive homestead for taxes payable next year. For information about the benefits of homestead, please contact your assessor.

How and When to Apply

Complete and mail the application to your assessor within 30 days of establishing homestead, no later than December 31 to be eligible for homestead in the next tax year.

For manufactured homes, if you do not own the land the home is on, you must submit the application by May 29 to be eligible for homestead in the current tax year.

You do not have to reapply for each year. The assessor may ask for an updated application at any time.

Each applicant who occupies the property must provide a Social Security Number and sign the form. Spouses of the applicants must also provide their Social Security Number, even if they do not occupy the property.

What if My Property is Held Under a Trust?

If the property is owned by a trust, the grantor of the trust is considered the owner when completing this application. The assessor may ask for additional information, including:

- · Name and type of trust
- · Grantors of the trust
- Signatures of the grantors and date of those signatures

Required Attachments

If any owners or owners' spouses do not occupy the property, you must provide their names and addresses to the assessor.

The spouse of the occupant must provide their Social Security Number, even if they do not occupy the property.

If there are more than two qualifying occupants, attach another application with the occupant and occupant's spouse (if applicable) sections completed..

Individual Tax Identification Number (ITIN)/Social Security Number (SSN)

An ITIN can only be used in situations where one spouse has a Social Security number and the other spouse does not. ITINs are not an acceptable alternative in any other case.

We will not disclose Social Security number(s) you provide on this form to the public, but we may share among government officials for tax collection and administration purposes.

What is a Qualifying Relative?

Qualifying relatives for both agricultural and residential homestead include: parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

Use of Information

The information on this form is required by Minnesota Statutes, section 273.124 to properly identify you and determine if you qualify for homestead. Your Social Security number is required. If you do not provide the required information, your application will be denied. If you provide your Social Security number thereafter, the effective date of the homestead classification may be delayed. Your Social Security number is considered private data for purposes of establishing homestead.

Penalties

Making false statements on this application is against the law. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison.

If you falsely claim homestead, you may be assessed a penalty equal to in the amount of the additional tax that would have applied to your property if it had not been considered homestead.

Questions?

Contact the assessor's office for assistance.