

Washington County Assessor's Office

Exemption year applied for 2020

PARCEL #1 _____

Occupancy date _____

PARCEL #2 _____

APPLICATION FOR OWNER-OCCUPIED HOMESTEAD EXEMPTION (§63-602G, IC)

This residential improvement is owner occupied:
(Check one)
Single Family Dwelling []
Multi-Family Dwelling []
Apartment / Condominium []
Manufactured House []
Commercial Improvement with Living quarters []

Purchase Date _____

Is your property held in a Trust? _____
If Yes, Affidavit of Trust, or Trust papers needed

Is there a co-signer on your loan? _____
If Yes, Affidavit of Possessory & Security Interests needed

Are your vehicles registered in Idaho? _____

Are you registered to vote in Idaho? _____

Do you have an Idaho Driver's license? _____

DL# & Name _____

Do you file an Idaho income tax return
as a full time resident? _____

Are you active military? _____

I am the owner, or am purchasing, and occupy as my primary dwelling place, the manufactured home or the Residential Improvements in this County, herein described.

YES [] NO []

I certify to Washington County Assessor that I have not made application for Homeowner's Exemption on any other property in the State of Idaho.

YES [] NO []

Previous Home Owner's Exemption:

YES [] NO []

Previous Home Owner's Exemption Address: _____

NAME: _____

LEGAL DESCRIPTIONS:

Day-time phone #: _____

Date: _____

Under penalty of perjury, I certify that to the best of my knowledge and belief, the information that I have provided here-in is true, correct and complete.

Owner's Signature _____

Second Owner's Signature _____

Street address of Occupied Residence: _____

Mailing address: _____

By signing this application I certify to the Washington County Assessor that I wish to withdraw any Homeowner's Exemption on any other home and transfer it to the above property per §63-602G, I.C., to qualify for this exemption. I certify that I am the owner of and occupied this dwelling as my primary residence before April 15 of this exemption year, and that Application for this exemption must be made on or before April 15 of this exemption year to the Washington County Assessor.

FOR OFFICE USE ONLY

Amount of Exemption: _____

Posted: _____

Signature of Assessor or Deputy _____

Date: _____

Homeowner given copy of completed form: [] Yes [] No