

Special Homestead Classification: Class 1b Property

For homesteads of persons who are blind or permanently and totally disabled

Applications are due by October 1. Read instructions before completing.

Check if: This is my first application This is a change of address

Type or Print	Your first name and middle initial Last name Social Security number	Name of applicant		
	Spouse's first name and M.I. Last name Social Security number			
	Address (cannot be a P.O. Box number) Date of Birth			
	City State Zip Code County			
	Property ID number or plat and parcel number (from property tax statement)			
Check all that apply	Do you own this property? I have owned this property since: <input type="checkbox"/> Yes <input type="checkbox"/> No month: year:	Application is		
	Does a relative own the property? I have lived in this property since: <input type="checkbox"/> Yes <input type="checkbox"/> No month: year:			
	<p>Check all boxes that apply. If you are applying for the first time, you must attach the appropriate documentation certifying that you are blind or permanently and totally disabled. (See instructions to determine what information to provide.)</p> Check if: <input type="checkbox"/> I am legally blind <input type="checkbox"/> I am permanently and totally disabled		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
	<p><i>The onset of your disability or blindness must have occurred on or before June 30 of the year you are filing for the special homestead classification.</i></p> <p>Check one box only:</p> I own this property with: <input type="checkbox"/> No one else <input type="checkbox"/> My spouse only <input type="checkbox"/> My spouse and others <input type="checkbox"/> One other person (who is not my spouse) <input type="checkbox"/> Others (not including my spouse) <input type="checkbox"/> Home is owned by a relative. What is your relationship to the owner? _____			
	I have attached the appropriate documentation certifying that I am legally blind or permanently and totally disabled, and this documentation shows that the onset of my disability or blindness occurred before June 30 of the filing year. <input type="checkbox"/> Yes <input type="checkbox"/> No		For office use only to be completed by the county assessor	
	I certify that I am not receiving the Disabled Veterans Homestead (Market Value Exclusion program). <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<p>Signature of owner: I declare all information on this form is true, correct, and complete to the best of my knowledge and belief.</p> <p style="text-align: center;">Making false statements on this application is against the law Minnesota Statute 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.</p>			
	Signature of applicant Signature of spouse Date Daytime phone			
	Sign Here			Assessor's signature

Please return completed application and required attachments to your county assessor.