62A350 (12-11) Commonwealth of Kentucky DEPARTMENT OF REVENUE

APPLICATION FOR EXEMPTION UNDER THE HOMESTEAD/DISABILITY AMMENDMENT



Please print or type all requested information.

County:			Date Submitted:	
Application is hereby made for the	e homestead exemption provided by Se	ection 170 of the Ke	ntucky Consitution.	
1. Name(s) of owner-applicant(s) in whose name(s) title is vested:			
2. Name of applicant(s)	Date of Birth	Age Sex	Relationship to other occupants Husband Wife Other	
SS#			☐ Husband ☐ Wife ☐ Other	
SS#	· -		- Itusband - wife - Other	
3. Address of personal residence	e			
		State	e Zip Code	
_				
	from above)			
Phone Number Date of Ownership				
4. Have you applied for, or are	you receiving, the homestead exemption	on in a different loca	tion, county, or state?	
□ yes □ no If "yes", when	re?			
5. Type of residential unit: condominium	single family residence uplex	apartment buil	ding mobile home	
other (describe)				
6. Type of ownership:	fee simple □ equitable title □ j	ointly with survivor	ship jointly in common	
by stock ownership or mer	mbership representing the owner's or n	nember's proprietary	interest in a multi-family structure	
•	ownership is fee simple, equitable title		•	
**	*		erty, whichever is less. If ownership is	
	nip, the amount of exemption is full operty. (Example: Total value of the s		ercentage that the applicant's ownership	
exemption limit = $\$5,000$.)	operty. (Example: Total value of the s	structure – \$50,000	, applicants stock ownership – 10%,	
Ţ	AFFIDAVIT AND		and (and) the author(a)	
I,, hereby swear (affirm) under penalty of perjury that I (we) am (are) the owner(s) of the property for which this assessment exemption is sought and that I (we) do not or will not claim an exemption for any				
	this Commonwealth or another state. I further swear (a			
	residence; that I (we) am (are) 65 years of age or over n is true and correct.	, totally disabled; and that al	i information contained	
If qualifying und	er the disability provision under KRS 132.810(2), I do	swear under penalty of perio	ury that my	
* * *	inuing and that if my disability status changes and bene			
	aluation administrator's office as required by KRS 132.8		ould result in supplemental	
oms being issued	I for the amount of the exemption received for up to a p	eriod of five years.		
Signatur	e of Applicant		Date	
Signatu	ure of Spouse		Date	
Signatu	re of Spouse		Date	
This application is approved disapproved This application is approved disapproved		IAL USE ONLY	Taxing District	
			Map Number Account Number	
Property Valua	ation Administrator		Date	

EXPLANATION

- 1. This application-affidavit must be submitted by December 31st of the year in which exemption is sought to the property valuation administrator of the county in which the residential unit is located. In addition, the applicant must own, occupy and maintain the subject property as a taxable interest as of January 1 during the tax year for which the exemption is sought (in accordance with KRS 132.220(1)).
- 2. What does homestead exemption mean?

The homestead exemption allows a reduction in the assessed value of the owner's personal residence. The amount of the exemption is reviewed every two years. Under the provisions of the Homestead statute, a person or persons must be 65 years of age or older or totally disabled during the year for which application is made, and must own, occupy and maintain a residential unit for such exemption.

3. Age Requirement

A person or persons owning, living in and maintaining a residential unit must meet the 65 years of age requirement. If only one spouse is 65, the age requirement is met.

4. Verification of Age

Date of birth of the applicant(s) must be established by a substantiating document, such as:

- 1. Birth certificate* or birth registration*
- 2. Confirmation or baptismal records
- 3. Driver's License* or state issued photo ID*
- Medical Assistance Card carrying an A or J prefix to Social Security Number
- 5. Passport*
- 6. Red, White and Blue Medicare Card issued by Social Security
- 7. School records
 - * primary documentation

5. Disability Requirements

A person must be classified as totally disabled under a program authorized or administered by an agency of the United States government or by any retirement system either within or without the Commonwealth. In addition, the following provisions must be met:

- A. The applicant must have maintained the disability classification for the entire year.
- B. The applicant must have received disability payments under this classification.
- C. Verification documentation must be submitted to the property valuation administrator by December 31 in the first year of eligibility.

6. Review of Applicants

At any time a Property Valuation Administrator may conduct a review of applications and may require an applicant to re-apply or submit proof of continuing disability and benefits received.

7. KRS 132.810(2)(h) provides, "When title to property which is exempted, either in whole or in part, under the homestead exemption is transferred, the owner, administrator, executor, trustee, guardian, conservator, curator or agent shall report such transfer to the property valuation administrator."

8. Fraudulent Misrepresentations

Under the provisions of KRS 132.990(1), "Any person who willfully fails to supply the property valuation administrator or the Department of Revenue with a complete list of his property and such facts with regard thereto as may be required or who violates any of the provisions of KRS 132.570 shall be fined not more than five hundred dollars (\$500)."