62A350 (3-16) Commonwealth of Kentucky **DEPARTMENT OF REVENUE**

APPLICATION FOR EXEMPTION UNDER THE HOMESTEAD/DISABILITY AMENDMENT



Please print or type all requested information.

County					Date Submitted			
Αŗ	oplication is hereby made for the hom	estead exemption pr	ovided b	y Section 1	170 of the Kentı	acky Cons	titution.	
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	Relationship to other occupants		
					☐ Husband	□ Wife	☐ Other ☐ Other ☐ Other	
3.	Address of personal residence							
	Cit	ty		State	<u> </u>	Zip C	Code	
	Description							
	Mailing address (if different from above)							
	Phone Number			_ Date	of Ownership			
4.	Have you applied for, or are you red ☐ yes ☐ no If "yes", where?	ave you applied for, or are you receiving, the homestead exemption in a different location, county, or state? I yes no If "yes", where?						
5.		ype of residential unit: □ single family residence □ duplex □ apartment building □ mobile home □ condominium other (describe)						
6.		where of ownership: ☐ fee simple ☐ equitable title ☐ jointly with survivorship ☐ jointly in common ☐ by stock where or membership representing the owner's or member's proprietary interest in a multi-family structure						
otł my	the property for which this assessme ner property in this Commonwealth y (our) primary residence; that I (we) a	ent exemption is soug or another state. I fo	(affirm) u ght and tl urther sw	nder pena nat I (we) ear (affirm	do not or will n n) that I (we) m	ot claim a naintain th	is residential unit as	
If o	this application is true and correct. qualifying under the disability provision is ability is continuing and that if my distance that if my distance the property valuation administrator is being issued for the amount of the	isability status chang 's office as required b	es and be y KRS 13	nefits are 2.810(4)(b)	no longer recei). Failure to do s	ved Í shall	report such changes	
	Signature of Applicant		-			Date		
	Signature of Spouse		_			Date		
		RESERVED FO	OR OFFI	CIAL USE	1			
Th	is application is □ approved □ disa	approved.			Number ınt Number			
	Property Valuation Administr	rator				Date		

(See Explanation on Reverse)

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)).

What does homestead exemption mean?

The homestead exemption provides for a reduction in the net taxable 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.

Verification of Age

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

- Birth certificate* or birth registration*
- Confirmation or baptismal records
 Driver's License* or state issued ph
- Driver's License* or state issued photo ID*
- 4. 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.

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.

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."

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)."