62A350 (10-10)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

APPLICATION FOR EXEMPTION
UNDER THE HOMESTEAD/DISABILITY AMENDMENT

Kentucky
UNBRIDLED SPIRIT

Refund ☐

Year _____

☐   ☐

Please print or type all requested information. Return with documentation of eligibility.

County __Boone_____   Date Submitted _____

Application is hereby made for the homestead exemption provided by Section 170 of the Kentucky Constitution.

1. Name(s) of owner-applicant(s) in whose Name(s) title is vested: **(If your parcel is deeded to a trust, and you ARE NOT listed as a trustee in the deed, please submit a copy of the trust with application.)**

_____

2. Name of applicant(s)

Name of applicant(s)	Date of birth	Age	Sex	Relationship to other occupants		
				☐ Husband	☐ Wife	☐ Other ____
				☐ Husband	☐ Wife	☐ Other ____
				☐ Husband	☐ Wife	☐ Other ____

3. Address of personal residence _____

     City _____ State _____ Zip _____

     Legal Description _____

     Mailing address (if different from above) _____

     Phone _____ Email _____ Date of Ownership _____

4. Have you applied for, or are you receiving, the homestead exemption in a different location, county, or state?

    ☐ Yes   ☐ No   If "yes", where? _____

Note: Amount of exemption: The applicant receives the full exemption or up to the assessed value of his/her interest in the property, whichever is less. If ownership is less than 100 percent, the amount of exemption is equal to the percentage that the applicant's ownership bears to the total value of the property. (Example: Total value of the property = $50,000; applicant's ownership = 10%; exemption limit = $5,000.)

AFFIDAVIT AND OATH

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 other property in this Commonwealth or another state.**   I further swear (affirm) that I (we) maintain this residential unit as my (our) primary residence; that I (we) am (are) 65 years of age or over, or totally disabled; and that all information contained in this application is true and correct.

_____   _____
         Signature of Applicant   Date

_____   _____
         Signature of Spouse   Date

RESERVED FOR OFFICIAL USE

This application is   ☐ approved   ☐ disapproved   Parcel Number _____

_____   _____
     Property Valuation Administrator   Date