

Parcel: _____



**APPLICATION FOR EXEMPTION
UNDER THE HOMESTEAD/DISABILITY AMENDMENT**

Year: _____

Refund ☐

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

County: Boone

Date Submitted: _____

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)	Date of birth	Age	Sex	Relationship to other occupants
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> 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.)

*****Please submit application with a current KY driver's license with the address matching the address used on step 3.*****

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