



Boone County Senior Real Estate Property Tax Relief Program

2025 Base Year Application

The 2025 application completed in its entirety and all required documents are due by **June 30, 2025**.

Parcel Number _____

Property Address _____

Owner of Record _____

Ownership Type ☐ Individual/Joint ☐ Trust ☐ LLC

Located on your real estate property tax bill or receipt.

APPLICANT INFORMATION

Applicant Name _____

Applicant Name _____

Date of Birth _____

Date of Birth _____

☐ Yes ☐ No Was the applicant 62 or older before January 1, 2025?

☐ Yes ☐ No Was the applicant 62 or older before January 1, 2025?

☐ Yes ☐ No Does the applicant occupy the property as their primary residence?

☐ Yes ☐ No Does the applicant occupy the property as their primary residence?

If either applicant answers "No" to one or both questions, that applicant is ineligible for this program.

Phone Number _____

Phone Number _____

E-mail Address _____

E-mail Address _____

Mailing Address _____

City _____

State _____

Zip Code _____

PROPERTY INFORMATION

The following information will not impact eligibility.

☐ Yes ☐ No Is the valuation of this property being appealed with the Boone County Assessor?

☐ Yes ☐ No Have any improvements or additions been made to this property in the past year?

REQUIRED DOCUMENTS

You MUST attach copies of the following required documents to this application.

☐ Proof of Identity and Age

Attach a copy of **one** of the following documents:

- Driver's License
- Birth Certificate
- Passport

☐ Proof of Primary Residency

Attach a copy of **one** of the following documents:

- **Missouri** Driver's License
- **Boone County** Voter Registration Card
- **Missouri** non-driver identification

☐ Proof of Ownership

Write the book and page numbers of your Warranty Deed, **NOT** the following:

- ☒ Deed of Trust
- ☒ Deed of Release
- ☒ Plat or Survey

Contact the Recorder of Deeds for more information.

Deed Book _____

Deed Page _____

- If the property is owned by a trust, **attach** the trust agreement identifying applicant as a trustee.
- If the property is owned by an LLC, **attach** the operating agreement identifying applicant as a member.

OFFICE USE ONLY

☐ Yes ☐ No 62 or older before 1/1/25?

☐ Yes ☐ No 62 or older before 1/1/25?

☐ APPROVED ☐ DENIED

☐ Yes ☐ No Primary residence?

☐ Yes ☐ No Primary residence?

CO Initial & Date _____

☐ Yes ☐ No Owner or legal or equitable interest?

☐ Yes ☐ No Owner or legal or equitable interest?

AS Initial & Date _____

☐ Yes ☐ No Notarized?

☐ Yes ☐ No Notarized?

CERTIFICATION

1. I have read the statements and questions included in this application and understand them and certify that all responses are true and accurate.
2. I have the authority to act on behalf of the owners and occupants of the Property, and I have not claimed more than one primary residence as a homestead for the purpose of a property tax credit in Missouri or elsewhere.
3. I understand the County will rely on the information provided by the Applicant in this Application and this Certification is a material representation in evaluating this application for property tax credit.

I specifically certify the following:

- a. I am a resident of Boone County of the State of Missouri.
- b. I was over the age of 62 before January 1st of this year.
- c. I am the owner of record of the homestead for which I am seeking a property tax credit or have legal or equitable interest in such property by written instrument.
- d. I am liable for the payment of real property taxes on such homestead.
- e. I occupy the homestead as my primary residence for which I am seeking the Boone County Senior Real Estate Tax Relief credit.

I understand I may be charged with a Class A misdemeanor as stated in Section 575.050 RSMo if any information submitted in this application is found to be a false declaration and I am not aware of any information that would prohibit or disqualify me from receiving the tax credit for the homestead identified in this Application.

▽▽▽ Sign below in the presence of a notary public! ▽▽▽

**Applicant Name
(Printed)** _____

Applicant Signature _____

STATE OF MISSOURI)
) §
COUNTY OF BOONE)

SUBSCRIBED and sworn before me, this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

APPLICANT 1

**Applicant Name
(Printed)** _____

Applicant Signature _____

STATE OF MISSOURI)
) §
COUNTY OF BOONE)

SUBSCRIBED and sworn before me, this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

APPLICANT 2

SUBMIT COMPLETED AND NOTARIZED APPLICATION & REQUIRED DOCUMENTS TO:

Boone County Collector of Revenue
Attn: Tax Relief Program
801 E. Walnut, Room 118
Columbia, MO 65201-4890

Please allow for up to thirty (30) days for your application to be reviewed and notifications to be mailed.