

**Commissioner of Revenue Abatement Form 3 (Rev. 5/90)**  
**APPLICATION FOR HOMESTEAD CLASSIFICATION**  
**(M.S. 375.192)**

For Taxes Assessed in 20-\_\_\_\_  
 And Payable in 20-\_\_\_\_

County Auditor's No.	County of:
-------------------------	------------

Please print or type.

Applicant's Name \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Telephone (work) (\_\_\_\_) \_\_\_\_\_

Telephone (home) (\_\_\_\_) \_\_\_\_\_

Date of Application \_\_\_\_\_

Applicant's Mailing Address

DESCRIPTION OF PROPERTY	Property ID or Parcel Number:	
Street Address (if different than above)	City or Township	School District No.

Legal Description of Property:

**OWNERSHIP DATA**

I/We declare that I/we owned and occupied the property described above for the purposes of homestead on January 2, 20\_\_\_\_ (or December 1, 20\_\_\_\_, mid-year homesteads) and that such occupancy began on \_\_\_\_\_, 20\_\_\_\_ and that my/our ownership is evidenced by a \_\_\_\_\_ deed dated \_\_\_\_\_, 20\_\_\_\_ which provides for a sole/shared ownership interest by a total of \_\_\_\_\_ person(s).

Minn. Stat., Sec. 375.192, Subd. 1. Requires the names and social security numbers of all property owners claiming homestead to verify that they are not receiving more than one homestead. Your social security number is private information. If you fail to provide social security numbers, this property will not be eligible for the homestead classification. State law provides for county government to make social security numbers available only to the Minnesota Department of Revenue.

Owner's name \_\_\_\_\_ social security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner's name \_\_\_\_\_ social security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner's name \_\_\_\_\_ social security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner's name \_\_\_\_\_ social security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Attach a list containing additional social security numbers if necessary.**

**APPLICANT'S REQUEST**

Applicant requests that the real estate described above be classified for the above year as real estate used for the purposes of a homestead and that the taxable value and the taxes for the above year be reduced accordingly. This statement is a true and full statement of all facts known to the applicant relative to this matter.

\_\_\_\_\_  
 Applicant's Signature Date

NOTE: Minnesota Statutes 1988, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000, or both."

**REPORT OF INVESTIGATION**

I hereby report that I have investigated the statements made in the foregoing application and find the facts to be as follows:

The applicant(s) has/have provided the following documentation as proof of occupancy:

\_\_\_\_\_  
 Signature of Investigator Date