



Jeffrey Babinski
County Administrator

HOUSTON COUNTY

304 South Marshall Street
Caledonia, MN 55921
TEL (507) 725-5827

Commissioners:
District 1
Jack Miller
District 2
Eric Johnson (Chair)
District 3
Robert Burns (Vice-Chair)
District 4
Teresa Walter
District 5
Greg Myhre

HOUSTON COUNTY BOARD OF COMMISSIONERS BOARD MEETING AGENDA

9:00, October 6, 2020, County Board Room, Historic Courthouse

*******The meeting will be accessible to public participants via our conference call line at 312-626-6799 and entering meeting ID: 92340219031 and password 402926. Public attendees are requested to mute their line until addressed.*******

CALL TO ORDER

PLEDGE OF ALLEGIANCE

APPROVE AGENDA

CONSENT AGENDA

(Routine business items enacted by one unanimous motion. Commissioners may request moving items on the consent agenda to the Action Item list if they desire discussion before taking action.)

- 1) Approve Claims, Human Service & License Center disbursements.
- 2) Approve Resolution 20-49 Aquatic Invasive Species
- 3) Affirm the following personnel actions:
 - i. Auditor/Treasurer
 1. Hire Celeste Abbot as a casual/temporary (67-days) employee at a wage of \$13.68/hr.
 - ii. Sheriff's Office
 1. Accept the resignation of Jordan J. Rooker, Lead Jailer, effective at the end of his shift on October 24, 2020 and thank him for 6 years of service to the residents of Houston County.
 2. Approve a search for a Lead Jailer and Jailer (only one hire).

ACTION ITEMS

- 1) Consider approving property tax abatements For Justin Meyer and Charles Littel. (Cresswell)
- 2) Consider denying property tax abatements For Jerry Holter and Molly Coughlin. (Cresswell)

9:10 Closed Session – Closed Session pursuant to MN Stat. 13D.05, Subd. 3, (b) Attorney/Client Privilege – MAPE Grievance

9:30 Closed Session – Closed Session pursuant to MN Stat. 13D.03, Subd. 1, (b) “to consider strategy for labor negotiations, including negotiation strategies or developments or discussion and review of labor negotiation proposals.”

ADJOURN

**HOUSTON COUNTY BOARD OF COMMISSIONERS
WORKGROUP SESSION
AGENDA**

9:50, October 6, 2020, Room 219, Historic Courthouse

*******The meeting will be accessible to public participants via our conference call line at 312-626-6799 and entering meeting ID: 92340219031 and password 402926. Public attendees are requested to mute their line until addressed.*******

CALL TO ORDER

WORKGROUP SESSION

1. CARES Act funding update

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s):

2019

And Taxes Payable in Year(s):

2020

Applicant and Property Information

Applicant Information

Last Name Meyer	First Name Justin	Middle Initial L
Property Address 19767 Balentine Rd		PRIVACY INFORMATION REMOVED
City Caledonia	State MN	Zip code 55947
Parcel ID or legal description of property (from tax statement or valuation notice) 16.0091.000		County Houston
		School District Number #299

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land 67000	Structures 130700	Total 197700
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
------------------------	--

Explain why you think this settlement is fair and reasonable

homestead was incorrectly removed from property

Applicant's Statement of Facts/Settlement

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant

Justin Meyer

Date

8-02-2020

Note: Minnesota Statutes, 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 \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Sign Here

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Year	Market Value			Taxes	Penalties	Interest	Costs	Total
	Land	Improvements	Total					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☒ Approved ☐ Denied

Signature Guthrie Russell Hall Title Assessor Date 10/2/20

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Application for Property Tax AbatementFor Taxes Levied in Tax Year(s): 2018And Taxes Payable in Year(s): 2020**Applicant Information**

Applicant and Property Information

Last Name <u>Littel</u>		First Name <u>Charles</u>		Middle Initial
Property Address <u>232 County 9</u>				
City <u>Houston</u>	State <u>TX</u>	Zip code <u>55943</u>	County	
Parcel ID or legal description of property (from tax statement or valuation notice) <u>06-0007.002, 06.0008.003, 06.0009.000</u>				School District Number

PRIVACY INFORMATION
REMOVED**Applicant's Statement of Facts**

If the assessed value is being contested, list approximate market value.

Land	Structures	Total
------	------------	-------

If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
------------------------	--

Explain why you think this settlement is fair and reasonable

Property was erroneously coded non-homestead**Signature of Applicant**

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant

Charles Littel

Date

July 13, 2020

Note: Minnesota Statutes, 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 \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Market Value			Taxes	Penalties	Interest	Costs	Total
	Land	Improvements	Total					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☒ Approved

☐ Denied

Signature

Title

Date

Recommendation of County Auditor

☐ Approved

☐ Denied

Signature

Date

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved

☐ Denied

Signature

Date

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____

Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____

Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor

Date

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate

Date

Signature of Commissioner or Delegate

Date

Denied

MINNESOTA • REVENUE

CR-PTA

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s): _____

And Taxes Payable in Year(s): _____

Applicant and Property Information

Applicant Information

Last Name

Holter

First Name

Jerry

Middle Initial

D

Property Address

227 Pine St S

Social Security Number

City

Caledonia

State

MN

Zip code

55921

County

Houston

Parcel ID or legal description of property (from tax statement or valuation notice)

21.0783.000

School District Number

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land

12600

Structures

104800

Total

117400

If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year

Type (taxes, penalty, interest, or cost)

Amount Contested

Amount Paid

Explain why the above amount has not been paid

Year

Type (taxes, penalty, interest, or cost)

Amount Contested

Amount Paid

Explain why the above amount has not been paid

Year

Type (taxes, penalty, interest, or cost)

Amount Contested

Amount Paid

Explain why the above amount has not been paid

Total Amount Contested

Portion of total amount contested you are willing to pay

Explain why you think this settlement is fair and reasonable

Homestead removed for 2020

Sign Here

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant

Jerry Holter

Date

7/9/20

Note: Minnesota Statutes, 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 \$3,000.00, or both."

Use of Information

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The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

Year	Land	Market Value (Improvements)	Total	Taxes	Penalties	Interest	Costs	Total

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☒ Denied

Signature Synthia Jessual Hallett Title Assessor Date 10/2/2020

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Declared: This application needed to be received before December 15th, 2019, to receive homestead credit on taxes in 2020. We had sent applications to them on 12/3/2018 and 12/11/2018.

OFFICE USE ONLY

Applicant Name

Type of Application

- ☐ Owner Occupied
☐ Relative/Residential
☐ Relative/Agricultural

Assessment Year

Determination

- ☐ Approved
☐ Denied

Assessor or Representative's Signature

Date

Homestead Application

Applications are due to your assessor's office by December 15. Please read all instructions before completing this application. NOTE: Each applicant must complete a separate form to apply for homestead (see Section 2 for married couple applicant instructions).

Section 1: Property Information

You MUST complete this section. Please provide the following information on the property for which you are claiming homestead.

Address of Property 227 Pine St S			Is the property owned by a trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Property ID Number (Found on the Property Tax Statement) 21.0783.000			
City Caledonia	State MN	ZIP Code 55921	County Houston
Date Purchased 10/19/2018	Date Property was Occupied by Applicant(s) 10/19/2018		

EACH occupant and/or married couple applying for homestead must complete this section. You certify you and your spouse, if married, are a Minnesota resident, and occupy the property described above as your primary place of residence. Married couples must provide both Social Security numbers, even if one of the spouses does not occupy the property. You also certify that the information you provide is true and correct to the best of your knowledge.

Section 2: Occupant Information

Occupant First Name and Initial Jerry D	Occupant Last Name Holter	Social Security Number/ITIN [REDACTED]
Are you listed as an owner on the deed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Occupant's Previous Address 13758 Hwy. 44		
City Caledonia	State MN	ZIP Code 55921
Date Vacated 10/19/2018	Check One: Did you claim homestead at your previous address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Occupant's Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow		
If married, does your spouse occupy the property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3: Spouse Information

Spouse of Occupant First Name and Initial Mary E	Spouse of Occupant Last Name Holter	PRIVACY INFORMATION REMOVED
Previous Address 13758 Hwy. 44		
City Caledonia	State MN	ZIP Code 55921
Date Vacated 10/19/2018	Check One: Did you claim homestead at your previous address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21.0783.000
Holter

Complete Section 4A to apply for residential homestead OR Section 4B to apply for agricultural homestead. NOTE: If you are not sure whether you qualify for agricultural homestead, please contact the assessor's office.

Section 4: Homestead Application

SECTION 4A: RESIDENTIAL HOMESTEAD APPLICATION	OR	SECTION 4B: AGRICULTURAL HOMESTEAD APPLICATION
Are you applying for residential homestead? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are you applying for agricultural homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse applying for residential homestead at this property as well?(if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you or your spouse claim another agricultural homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you listed as an owner on the deed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is your spouse applying for agricultural homestead at this property as well? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not an owner, are you a qualifying relative of an owner? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not an owner, are you qualifying relative of an owner? ² <input type="checkbox"/> Yes <input type="checkbox"/> No
		If you are a qualifying relative, does your family have any other agricultural relative homesteads in Minnesota for your family? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Relative Homestead Application


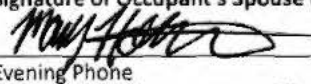
Complete this section ONLY if you are a qualifying relative applying for homestead. Otherwise, skip to Section 6.

Property Owner First Name and Initial	Property Owner Last Name	Relationship to Applicant	
Property Owner Mailing Address			
City	State	ZIP Code	County
Is the property owner a Minnesota resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Sign Here

I certify that the above information is true and correct to the best of my knowledge. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison. This application must be signed by all owners who occupy the property or by the qualifying relative and returned to the county assessor to receive homestead on this property.

Section 6: Signatures

Signature of Occupant 	Date 05/23/20	Daytime Phone 608-799-2058
Evening Phone 608-799-2258	Email Jerry.ndlinish@gmail.com	
Signature of Occupant's Spouse (If Applicable) 	Date 05/23/20	Daytime Phone 608-518-9158
Evening Phone 608-518-9158	Email metalmouth-12@hotmail.com	
Signature of Other Owner(s) (If Applicable)	Date	Daytime Phone
Evening Phone	Email	
Signature of Other Owner(s) (If Applicable)	Date	Daytime Phone
Evening Phone	Email	

Complete both sides and mail this completed application and all required attachments to your assessor.

¹For residential homestead, qualifying relatives include: parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

²For agricultural homesteads qualifying relatives include: grandchild, child, sibling, or parent of the owner of the agricultural property or the spouse of the owner.

Denied

MINNESOTA • REVENUE

CR-PTA

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s): _____

And Taxes Payable in Year(s): _____

Applicant and Property Information

Applicant Information

Last Name Coughlin	First Name Molly	Middle Initial A
Property Address 434 N 1st St		
City La Crescent	State MN	Zip code 55947
County Houston		Parcel ID or legal description of property (from tax statement or valuation notice) 25.0210.000
School District Number 300		

PRIVACY INFORMATION
REMOVED

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

Land 29,300.00	Structures 119300.00	Total 148600.00
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If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
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Explain why the above amount has not been paid

Year	Type (taxes, penalty, interest, or cost)	Amount Contested	Amount Paid
------	--	------------------	-------------

Explain why the above amount has not been paid

Total Amount Contested	Portion of total amount contested you are willing to pay
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Explain why you think this settlement is fair and reasonable

Missing Homestead Exclusion - application on file

Applicant's Statement of Facts/Settlement

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

Signature of Applicant <i>Molly Coughlin</i>	Date 7/31/20
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Note: Minnesota Statutes, 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 \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Sign Here

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record	Market Value			Taxes	Penalties	Interest	Costs	Total
	Year	Land	Improvements					

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

☐ Approved ☐ Denied

Signature Gretchen Rasmussen Title Assessor Date 10/2/2020

Recommendation of County Auditor

☐ Approved ☐ Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

☐ Approved ☐ Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____

Denied: Application was received 12/20/19 - missed the December 15, 2019 deadline for taxes payable in 2020

OFFICE USE ONLY

Applicant Name

Assessment Year

Assessor or Representative's Signature

Date

Type of Application

- ☐ Owner Occupied
☐ Relative/Residential
☐ Relative/Agricultural

Determination

- ☐ Approved
☐ Denied

RECEIVED
 DEC 20 2019

Homestead Application

BY: _____

Applications are due to your assessor's office by December 15. Please read all instructions before completing this application. NOTE: Each applicant must complete a separate form to apply for homestead (see Section 2 for married couple applicant instructions).

Section 1: Property Information

You MUST complete this section. Please provide the following information on the property for which you are claiming homestead.

Address of Property

434 N 1st Street

Is the property owned by a trust?

☐ Yes ☒ No

Property ID Number (Found on the Property Tax Statement)

25.0210.000

City

La Crescent

State

MN

ZIP Code

55947

County

Houston

Date Purchased

03/23/2018

Date Property was Occupied by Applicant(s)

03/24/2018

EACH occupant and/or married couple applying for homestead must complete this section. You certify you and your spouse, if married, are a Minnesota resident, and occupy the property described above as your primary place of residence. Married couples must provide both Social Security numbers, even if one of the spouses does not occupy the property. You also certify that the information you provide is true and correct to the best of your knowledge.

Section 2: Occupant Information

Occupant First Name and Initial

Molly A

Occupant Last Name

Coughlin

PRIVACY INFORMATION
 REMOVED

Are you listed as an owner on the deed?

☒ Yes ☐ No

Occupant's Previous Address

1911 Farnham St

City

La Crosse

State

WI

ZIP Code

54601

County

La Crosse

Date Vacated

03/24/2018

Check One: Did you claim homestead at your previous address?

☐ Yes ☒ No

Occupant's Marital Status:

☒ Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widow

If married, does your spouse occupy the property?

☐ Yes ☐ No

Section 3: Spouse Information

Spouse of Occupant First Name and Initial

Spouse of Occupant Last Name

Social Security Number/ITIN

Previous Address

City

State

ZIP Code

County

Date Vacated

Check One: Did you claim homestead at your previous address?

☐ Yes ☐ No

Complete Section 4A to apply for residential homestead OR Section 4B to apply for agricultural homestead. NOTE: If you are not sure whether you qualify for agricultural homestead, please contact the assessor's office.

Section 4: Homestead Application

SECTION 4A: RESIDENTIAL HOMESTEAD APPLICATION	OR	SECTION 4B: AGRICULTURAL HOMESTEAD APPLICATION
Are you applying for residential homestead? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are you applying for agricultural homestead? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is your spouse applying for residential homestead at this property as well?(If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you or your spouse claim another agricultural homestead? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you listed as an owner on the deed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is your spouse applying for agricultural homestead at this property as well? (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not an owner, are you a qualifying relative of an owner? ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are not an owner, are you qualifying relative of an owner? ² <input type="checkbox"/> Yes <input type="checkbox"/> No
		If you are a qualifying relative, does your family have any other agricultural relative homesteads in Minnesota for your family? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5: Relative Homestead Application

Complete this section ONLY if you are a qualifying relative applying for homestead. Otherwise, skip to Section 6.

Property Owner First Name and Initial	Property Owner Last Name	Relationship to Applicant	
Property Owner Mailing Address			
City	State	ZIP Code	County
Is the property owner a Minnesota resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Sign Here

I certify that the above information is true and correct to the best of my knowledge. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison. This application must be signed by all owners who occupy the property or by the qualifying relative and returned to the county assessor to receive homestead on this property.

Section 6: Signatures

Signature of Occupant <i>Molly Loughlin</i>	Date 12/23/2019	Daytime Phone 608-780-5285
Evening Phone	Email	
Signature of Occupant's Spouse (If Applicable)	Date	Daytime Phone
Evening Phone	Email	
Signature of Other Owner(s) (If Applicable)	Date	Daytime Phone
Evening Phone	Email	
Signature of Other Owner(s) (If Applicable)	Date	Daytime Phone
Evening Phone	Email	

Complete both sides and mail this completed application and all required attachments to your assessor.

¹For residential homestead, qualifying relatives include: parent, stepparent, child, stepchild, grandparent, grandchild, brother, sister, uncle, aunt, nephew, or niece of the owner, by blood or marriage.

²For agricultural homesteads qualifying relatives include: grandchild, child, sibling, or parent of the owner of the agricultural property or the spouse of the owner.

RESOLUTION NO. 20-49

AQUATIC INVASIVE SPECIES PREVENTION AID

October 6, 2020

WHEREAS, 2014 Session Law Chapter 308 enacted by the Legislature provides Minnesota counties a County Program Aid grant for Aquatic Invasive Species (AIS) prevention. The amount designated for each county is based on the number of watercraft trailer launches as well as the number of watercraft trailer parking spaces within each county. Houston County was allocated \$22,755 for 2021 and years following (5 watercraft trailer launches and 50 watercraft trailer parking spaces), and

WHEREAS, the legislation requires that Houston County must establish, by resolution or through adoption of a plan, guidelines for the use of the proceeds which are to prevent the introduction or limit the spread of aquatic invasive species at all access sites within the county, and

WHEREAS, the county may appropriate the proceeds directly or may use any portion of the proceeds to provide funding to a soil and water conservation district in the county, for a joint powers board or cooperative agreement with another political subdivision, a watershed district in the county, or a lake association located in the county. Any money appropriated by the county to a different entity or political subdivision must be used as required under this section, and

WHEREAS, the county must submit a copy of its guidelines for use of the proceeds to the Department of Natural Resources by December 31 of the year the payments are received, and

WHEREAS, maintaining an ongoing effort to inform the public of resource needs, resource impairments and resource protection matters has been identified as the most important tool in addressing water resource concerns in the Houston County Water Plan, the fight against Aquatic Invasive Species is included in this educational effort and will continue to be a cornerstone of Houston County's Water Plan.

NOW THEREFORE, BE IT RESOLVED the Board of Commissioners of Houston County, Minnesota designate oversight of Houston County's AIS prevention efforts to the Root River Soil and Water Conservation District and delegates to them the responsibility to prepare, implement and report annually a plan to allocate the funding in accordance with the above legislation.

*****CERTIFICATION*****

STATE OF MINNESOTA, COUNTY OF HOUSTON

I, Jeff Babinski, do hereby certify that the above is true and correct copy of a resolution adopted by the Houston County Board of Commissioners at the session dated October 6, 2020.

WITNESS my hand and the seal of my office this 6th day of October 2020.