For Office Use Only Name of applicant Assessor's signature	_Assessment year	Approved Denied	CR-1B				
Special Homestead Classification: Class 1b Property							
For homesteads of persons who are blind or permanently	and totally disabled						
Applications are due by October 1. Read instructions be	efore completing.						

Last Name	First Name	M.I.	Social Security Number		
Spouse's Last Name	Spouse's First Name	M.I.	Social Security Number		
Address (Cannot be a P.O. Box Numbe	er)		Date	of Birth	
City	State	Zip C	ode	County	
Property ID Number or Plate and Parce	el Number (from property tax sta	atement)			
Do you own this property?	I have owned this property	since:			
Yes No	Month Yea	ar			
Does a relative own the property?	I have lived in this propert	y since:			
Yes No	Month Yea	ar			
provide.) Check if:	ermanently and totally disabled	. (366 msti		s to determin	e what information t
provide.) Check if: I am legally blind I am pe The onset of your disability or blindnes	ermanently and totally disabled	·			
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provide.) Check if: I am legally blind I am per The onset of your disability or blindness classification. Check one box only I own this property with:	ermanently and totally disabled ss must have occurred on or be	fore June 30	) of the	year you are fi	
provide.)         Check if:         I am legally blind         I am legally blind         I am performance         The onset of your disability or blindness         classification.         Check one box only         I own this property with:         No one else	ermanently and totally disabled ss must have occurred on or be	fore June 30	) of the	year you are fi	
provide.)         Check if:         I am legally blind       I am performed and the performance of your disability or blindness classification.         Check one box only         I own this property with:         No one else         My spouse and others	ermanently and totally disabled ss must have occurred on or be My spouse only One other person (w	fore June 30 /ho is not my relative	) of the j	year you are fi e)	
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provide.)         Check if:         I am legally blind       I am performance         The onset of your disability or blindness         classification.         Check one box only         I own this property with:         No one else         My spouse and others         Others (not including my spouse)         I have attached the appropriate docum         documentation shows that the onset of         Yes       No         I certify that I am not receiving the Dis	ermanently and totally disabled ss must have occurred on or be My spouse only One other person (w Home is owned by a What is your relation mentation certifying that I am lead of my disability or blindness occ	fore June 30 tho is not my relative hship to the gally blind on urred on or b rket Value E	o of the spouse owner? perma pefore J xclusion	year you are fi e) nently and tota une 30 of the n program).	iling for the special hor ally disabled, and this filing year.

#### Who is Eligible

The owner or the owner's spouse may qualify to receive a decrease in property taxes if:

- The applicant is legally blind.
- The applicant is totally and permanently disabled.

## **Relative Homesteads**

Real estate that is occupied and used as a homestead by a blind/disabled relative of the property owner can qualify as class 1b property. In order to qualify for the special homestead, the relative living in the home must be the qualifying blind/disabled person.

# How to Apply

- Complete the entire application fully and legibly. Attach all the proper documentation and mail to your county assessor by October 1. Applications must be received by to October 1 to apply for taxes payable the next year.
- Do not include spouse information if the spouse did not live in the home the previous year or is deceased.
- If you are married and own your home jointly, both you and your spouse must sign the application.
- You will be notified of your eligibility within four to six weeks after receipt of your application. If you are approved, you will remain in the program as long as you own your home. If you move, you must complete a new application to acknowledge the change of address.

#### **Required Attachments**

If you are applying for the first time, you must attach the following to your application:

Blind- Attach a copy of a signed and approved letter or report from your eye doctor stating that you are legally blind. Legally blind is defined in Minnesota Statutes, section 256D.35 as a person whose visual acuity does not exceed 20/200 in the better eye with correcting lenses; or if visual acuity is greater than 20/200, the condition is accompanied by limitation in the fields of vision such that the widest diameter of the visual field subtends to an angle no greater than 20 degrees. Your report from a certified eye doctor must attest to either of these facts.

**Disabled**- Attach a letter from a qualified agency certifying that you are totally and permanently disabled and receive disability payments. Usually this is a copy of an initial disability award letter from the agency. Copies of SSA-1099 forms, check stubs or letters from a physician are not acceptable.

# **Use of Information**

The information on this form is required by Minnesota Statutes, section 273.13 to properly identify you and determine if you qualify for this property tax classification. 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.

# **Disabled Veterans**

If you are a disabled veteran with a serviceconnected disability of 70 percent or more, you may qualify for a market value exclusion. If you believe you may qualify for this exclusion, you will need to complete a separate application. Please contact your county assessor to learn more.

#### **Penalties**

Making false statements on this application is against the law. 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.

#### Renewing your Special Homestead Classification

If this property is granted the special homestead classification, it is not necessary for you to reapply.

However, the county assessor may require you to provide an additional application or other proof deemed necessary to verify that you continue to qualify for the special homestead classification.

# If you Sell, Move, or Change your Marital Status

If this property is sold, you or your spouse changes his/her primary residence, or you change your marital status, state law requires you to notify the county assessor within thirty days.

If you fail to notify the county assessor within 30 days of the change, the property may be assessed the tax that is due on the property based on its correct property class plus a penalty equal to the same amount.

## Making False Statements on this Application is Against the Law

Minnesota Statute 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.

#### **Information and Assistance**

Contact your County Assessor's Office for assistance.