

# Washington County Assessor's Office

Exemption year applied for 2021

PARCEL #1 \_\_\_\_\_

Occupancy date \_\_\_\_\_

PARCEL #2 \_\_\_\_\_

## APPLICATION FOR OWNER-OCCUPIED HOMESTEAD EXEMPTION (§63-602G, IC)

This residential improvement is owner occupied:  
(Check one)

- Single Family Dwelling [ ]
- Multi-Family Dwelling [ ]
- Apartment / Condominium [ ]
- Manufactured House [ ]
- Commercial Improvement with Living quarters [ ]

Purchase Date \_\_\_\_\_

Is your property held in a Trust? \_\_\_\_\_  
If Yes, Affidavit of Trust, or Trust papers needed

Is there a co-signer on your loan? \_\_\_\_\_  
If Yes, Affidavit of Possessory & Security Interests needed

Are your vehicles registered in Idaho? \_\_\_\_\_

Are you registered to vote in Idaho? \_\_\_\_\_

Do you have an Idaho Driver's license? \_\_\_\_\_

Do you file an Idaho income tax return  
as a full time resident? \_\_\_\_\_

Are you active military? \_\_\_\_\_

NAME:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LEGAL DESCRIPTIONS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**Under penalty of perjury, I certify that to the best of my knowledge and belief, the information that I have provided here-in is true, correct and complete.**

Owner's Signature \_\_\_\_\_

Second Owner's Signature \_\_\_\_\_

I am the owner, or am purchasing, and occupy as my primary dwelling place, the manufactured home or the Residential Improvements in this County, herein described.  
**YES [ ] NO [ ]**

**Street address of Occupied Residence:**  
\_\_\_\_\_  
\_\_\_\_\_

I certify to Washington County Assessor that I have not made application for Homeowner's Exemption on any other property in the State of Idaho.  
**YES [ ] NO [ ]**  
Previous Home Owner's Exemption:  
**YES [ ] NO [ ]**  
Previous Home Owner's Exemption Address:  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing address:**  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application I certify to the Washington County Assessor that I wish to withdraw any Homeowner's Exemption on any other home and transfer it to the above property per §63-602G, I.C., to qualify for this exemption. I certify that I am the owner of and occupied this dwelling as my primary residence before April 15 of this exemption year, and that Application for this exemption must be made on or before April 15 of this exemption year to the Washington County Assessor.

**FOR OFFICE USE ONLY**

Amount of Exemption: \_\_\_\_\_ Posted: \_\_\_\_\_

Signature of Assessor or Deputy \_\_\_\_\_ Date: \_\_\_\_\_

Homeowner given copy of completed form: [ ] Yes [ ] No