



HOMESTEAD CREDIT APPLICATION FOR SENIOR CITIZENS & DISABLED PERSONS
 OFFICE OF STATE TAX COMMISSIONER
 24757 (5/2013)

For the Year of 2017

File application with the local assessor prior to February 1 of the year for which the credit is requested.

To: _____, Assessor

City or Twp.: **Dickinson**

County: **Stark**

Applicant's Name: _____ Date of Birth: _____

Address _____ Telephone No.: _____

Legal Description of Applicant's Homestead Property: _____ Parcel Number: _____

Lot _____ Block _____ Addition _____ City **Dickinson**

- Which of the following would best describe the type of ownership of the homestead property (check only one):
 - A. Is recorded in your (and spouse's) name as owner
 - B. Is being purchased by you under a contract for deed
 - C. Is held in joint tenancy with one other than spouse.....
 - D. Is held under a life estate in property.....
 - E. Is held in a revocable trust
- Is the above-described property exempt as a farm residence? Yes No
- Do you have assets in excess of \$500,000 including the value of any assets gifted or otherwise divested within the last three years, and including the market value of your homestead? Yes No

The Following is an Accurate Account of Total Income for the Preceding Calendar Year

- Applicant's and spouse's income from Social Security benefits (exclude Medicare).....\$ _____
- Applicant's and spouse's income from salary and wages..... _____
- Applicant's and spouse's income from interest..... _____
- Applicant's and spouse's income from all other sources..... _____
- Dependents' total income from all sources..... _____
- Total income from all sources (add lines 4, 5, 6, 7 and 8).....\$ _____**

Medical expenses actually paid during the year and not paid for by insurance:

- Total amount of health and hospital insurance premiums (exclude Medicare)..... \$ _____
- Medicine and drugs..... _____
- Doctor, dentist and hospital costs..... _____
- Hearing aids, eyeglasses, dentures, etc. _____
- Transportation costs for medical care: (56 cents per mile)..... _____
- Nursing home care costs and/or home nursing care costs..... _____
- 10. Total medical expenses.....\$ _____**
- 11. Income from all sources excluding medical expenses (line 9 less line 10).....\$ _____**

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provided for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return. I am willing to furnish proof of age, income and assets if requested to do so by someone authorized to administer this assessment credit. I reside on the property described in this application and I hereby claim the Homestead Credit on this property as provided for in N.D.C.C. § 57-02-08.1.

Date: _____ Signature of Applicant: _____

To Be Completed By The Assessor

Application is: Approved Denied _____ % reduction allowed this applicant or a maximum of \$ _____

Reason for denial: _____

Date _____ Signature of Assessor: _____