



Henry County Senior Real Estate Property Tax Relief Program

2027 Base Year Application

The 2027 application completed in its entirety and all required documents are due by **June 30, 2027**.

Parcel Number _____

Located on your real estate property tax bill or receipt.

Property Address _____

Owner of Record _____

Ownership Type Individual/Joint Trust LLC

APPLICANT INFORMATION

Applicant Name _____ Applicant Name _____

Date of Birth _____

Yes No Will the applicant be 62 or older before December 31, 2027?

Yes No Does the applicant occupy the property as their primary residence?

Date of Birth _____

Yes No Will the applicant be 62 or older before December 31, 2027?

Yes No Does the applicant occupy the property as their primary residence?

If either applicant answers "No" to one or both questions, that applicant is ineligible for this program.

Phone Number _____

Phone Number _____

E-mail Address _____

E-mail Address _____

Mailing Address _____

City _____

State _____

Zip Code _____

PROPERTY INFORMATION

The following information will not impact eligibility.

Yes No Is the valuation of this property being appealed with the Henry County Assessor?

Yes No Have any improvements or additions been made to this property in the past year?

REQUIRED DOCUMENTS

You MUST attach copies of the following required documents to this application.

- Proof of Identity and Age**
Attach a copy of **one** of the following documents:
- Driver's License
 - Birth Certificate
 - Passport

- Proof of Primary Residency**
Attach a copy of **one** of the following documents:
- **Missouri** Driver's License
 - **Henry County** Voter Registration Card
 - **Missouri** non-driver identification

- Proof of Ownership**
Attach a copy of the first page of the Warranty Deed
NOT the following:
- Deed of Trust
 - Deed of Release
 - Plat or Survey
- For copies, go to:
<https://henrymo.icounty.com/login/login>
Or contact the Recorder of Deeds Office at 660-885-7209.
- If the property is owned by a trust, **attach** the trust agreement identifying applicant as having equitable interest in the property.
 - If the property is owned by an LLC, **attach** the operating agreement identifying applicant as a member.

OFFICE USE ONLY

Yes No 62 or older before 12/31/27?
 Yes No Primary residence?
 Yes No Owner or legal or equitable interest?
 Yes No Notarized?

Yes No 62 or older before 12/31/27?
 Yes No Primary residence?
 Yes No Owner or legal or equitable interest?
 Yes No Notarized?

APPROVED DENIED
 CO Initial & Date _____
 AS Initial & Date _____

CERTIFICATION

- 1. I have read the statements and questions included in this application and understand them and certify that all responses are true and accurate.
- 2. I have the authority to act on behalf of the owners and occupants of the Property, and I have not claimed more than one primary residence as a homestead for the purpose of a property tax credit in Missouri or elsewhere.
- 3. I understand the County will rely on the information provided by the Applicant in this Application and this Certification is a material representation in evaluating this application for property tax credit.

I specifically certify the following:

- a. I am a resident of Henry County of the State of Missouri.
- b. I was 62 years of age or over before December 31st of this year.
- c. I am the owner of record of the homestead for which I am seeking a property tax credit or have legal or equitable interest in such property by written instrument.
- d. I am liable for the payment of real property taxes on such homestead.
- e. I occupy the homestead as my primary residence for which I am seeking the Henry County Senior Real Estate Tax Relief credit.

I understand I may be charged with a Class A misdemeanor as stated in Section 575.050 RSMo if any information submitted in this application is found to be a false declaration and I am not aware of any information that would prohibit or disqualify me from receiving the tax credit for the homestead identified in this Application.

▽▽▽ Sign below in the presence of a notary public! ▽▽▽

APPLICANT 1

Applicant Name (Printed) _____ **Applicant Signature** _____

STATE OF MISSOURI)
) §
COUNTY OF HENRY)

SUBSCRIBED and sworn before me, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

APPLICANT 2

Applicant Name (Printed) _____ **Applicant Signature** _____

STATE OF MISSOURI)
) §
COUNTY OF HENRY)

SUBSCRIBED and sworn before me, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

(DO NOT MAIL) BRING THE COMPLETED AND NOTARIZED APPLICATION AND REQUIRED DOCUMENTS TO:

Henry County Collector / Treasurer
Henry County Courthouse
100 W Franklin St
Clinton MO 64735

Please allow for up to thirty (30) days for your application to be reviewed and notifications to be mailed.