



Henry County Senior Real Estate Property Tax Relief Program

2026 Base Year Application

The 2026 application completed in its entirety and all required documents are due by **June 30, 2026**.

Parcel Number _____

Property Address _____

Owner of Record _____

Ownership Type ☐ Individual/Joint ☐ Trust ☐ LLC

Located on your real estate property tax bill or receipt.

APPLICANT INFORMATION

Applicant Name _____

Applicant Name _____

Date of Birth _____

☐ Yes ☐ No Will the applicant be 62 or older before December 31, 2026?

☐ 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, 2026?

☐ 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 Residence

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 12/31/26?

☐ Yes ☐ No Primary residence?

☐ Yes ☐ No Owner or legal or equitable interest?

☐ Yes ☐ No Notarized?

☐ Yes ☐ No 62 or older before 12/31/26?

☐ 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 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 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

(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.