OTC 921	State of Oklahoma APPLICATION FOR HOMESTEAD EXEMPTION _____ County	Tax Year 2015
Revised 6-2014	Return to County Assessor	

PART ONE APPLICANT

(TO BE COMPLETED BY APPLICANT)

Name: (Last) _____ (First) _____ (MI) _____

Account Number: _____

Property Address: _____

Mailing Address: _____

Daytime Telephone: (_____) _____ Email Address: _____

LEGAL DESCRIPTION:	School District

PLEASE MARK THE APPROPRIATE BOX...

- Y N Are you a legal resident of Oklahoma?
- Y N Is any portion of the property rented or leased?
- Y N Do you own only a partial or undivided interest?
- Y N Is the property held in a revocable trust?
- Y N Is your residence a manufactured home?
- Y N If a manufactured home, is the title in your name?
- Y N If a manufactured home, do you own the land where it is located?
- Y N Is any part of the described property used as commercial?
- Y N Do you currently, or did you in the previous year, have homestead exemption in this State?

If so, list address _____ , _____ City _____ County

PART TWO OWNERSHIP

(TO BE COMPLETED BY APPLICANT)

A

PLEASE MARK THE APPROPRIATE BOX...

- Y N Did you own this property on or before January 1 of this year?
- Y N Were you occupying this property as your place of residence on January 1 of this year?
- Y N Was or will your deed or other evidence of ownership be of record with the County Clerk's Office on or before February 1 of this year?

NOTE: (If today's date is after March 15 of this year, or if you answered **"no"** to any question in section "A," you may not qualify for this year's exemption. To apply for next year's exemption, complete section "B" of this application.

B

Homestead exemption cannot be approved if you do not own and occupy the subject property as your place of residence on January 1 each year the exemption is applied, including the year of application.

PLEASE MARK THE APPROPRIATE BOX...

- Y N Do you own this property?
- Y N Will you, to the best of your knowledge, own and occupy this property as your place of residence January 1 of next year?
- Y N Will your deed or other evidence of ownership be of record with the County Clerk's Office on or before February 1 of next year?

PART THREE ASSESSOR

Under penalty of perjury, I the undersigned, affirm that all information provided and herein contained are true and correct to the best of my knowledge.

_____
Applicant's Signature Date

_____
County Assessor or Deputy Date

☐ **Approved beginning ____ tax year.**

☐ **Disapproved. Reason** _____

_____

_____

_____