Application for Local Option Disaster Abatements and Credits

_____ **County**

If your property has been damaged or destroyed by a natural disaster or other type of accident, you may be eligible to receive some property tax relief on this year's and next year's property taxes. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that an assessor view the damage for the purpose of receiving disaster relief.

Applicant and Property Information

Last Name	First Name	M.I.	Social Security Number
Mailing Address - Street	City/Town	State	Zip Code
Telephone (Work)	Telephone (Home)		

Property ID or Parcel Number (found on your property tax statement)

Address of Damaged Property (if different than mailing address)

Legal Description of Property (found on your property tax statement)

Is the property homesteaded?

☐ Yes   ☐ No

Is the property located in a county designated as a disaster or emergency area?

☐ Yes   ☐ No

How many months was the property unable to be occupied or used?

Date you left property:_____

Date you returned to property: _____

Statement of Facts

Applicant's statement of facts. (Please list type of disaster, type of damage, and any other information you deem relevant.)

Sign Here

By signing below, I certify, to the best of my knowledge, the above statements are true and correct.

Signature of Property Owner	Date

Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than $3,000.00, or both."

Use of Information

The information on this form is required by Minnesota Statutes, section 273.1233 to properly identify you and determine if you qualify for a disaster abatement and/or credit. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Investigator

Report of investigation

I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

Signature	Date

Amounts

The following accurately reflects both existing and proposed amounts.

	Market Value			Class	Tax Capacity	Tax Before Credits	Other Credits	Tax Payable
	Land	Improvements	Total					
Pre-damage								
Post-damage								
Reduction								

☐ Tax is Paid	☐ Tax is Not Paid	Date	Local Tax Rate

Approval Certifications

Certifications of approval. For this abatement to be approved, the assessor, county auditor and the county board of commissioners must all favorably recommend its adoption.

Assessor's recommendation

☐ Approved   ☐ Denied

Signature	Date

County auditor's recommendation

☐ Approved   ☐ Denied

Signature	Date

County board of commissioner's action (to be completed by the county auditor)

☐ Approved   ☐ Denied

Signature	Date

I certify that at a meeting held on _____ , _____ , the County Board, took the above official action on this abatement. This action was duly adopted and entered upon the minutes of its proceedings as a public record, showing the name(s) of taxpayer(s), other concerned persons and the amounts involved.

Final Certification

Certifications of final approval (complete only for approved abatements). This section to be completed by the county auditor.
I further certify that the approval of this abatement has resulted in the following changes:

Reduction of Tax $ _____

Reduction of Penalty $ _____

Reduction of Interest $ _____

Total Reduction/Refund $ _____

Total Payable $ _____

Signature	Date