Otter Tail County Assessor
Government Services Center
505 Fir Avenue West
Fergus Falls, MN 56537
Phone: 998-8010

_____
Parcel Number of Mobile Home

_____ 20___Assessment Pay 20___
Parcel Number of Land

PERSONAL PROPERTY
MOBILE HOME HOMESTEAD APPLICATION

Property purchased for occupancy as a homestead is eligible for a full homestead if owned and occupied by January 2. Property purchased and used for homestead purposes after January 2 but by May 29 may be eligible for a part-year homestead. Upon application the Assessor will determine if this property is eligible for homestead classification. The information you provide on this application will be verified. If you are married, you must include your spouses' name and social security number. **THIS FORM MUST BE COMPLETED AND RETURNED TO THE COUNTY ASSESSOR'S OFFICE NO LATER THAN MAY 29 TO QUALIFY FOR CURRENT YEAR HOMESTEAD CLASSIFICATION.**

Owners Name:_____ Owners Name:_____
Please print Please print

I/We do hereby declare under the penalties of perjury* that I/We am/are the owner(s) of the mobile home described as: Make_____ Size_____ Year_____ and that I/we maintain this property as my/our only homestead, receive no homestead benefits anywhere else in the United States, keep the majority of my/our personal effects at this residence and this is my/our primary place of residence.

I purchased the mobile home on:_____ Date you moved in:_____

What was your previous address**?**_____

If previous place of residence was homesteaded, is it? ____ Sold ____ Up for sale ____ Other

Your mailing address is:_____

Are you related to the owner of the land where the unit is located? _____
Relationship: _____

State where car is licensed:_____

Address(es) on your Minnesota Driver's License(s):_____

_____

Do you file a Minnesota Income Tax Return as a Minnesota resident?
Yes_____ No_____ Will File_____ Not required_____

Application must include the signature and SS# of all owners and their spouses. Please attach a copy of Title to this application.

_____
Signature Social Security # Phone # Date

_____
Signature Social Security # Phone # Date

*609.41 FALSE TAX STATEMENT. 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 he 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 not more than $3,000 or both. MINNESOTA STATUTES 1971.

APPROVED_____ DENIED_____ REASON_____
DATE_____ SIGNATURE_____