

**Otter Tail County Assessor
Government Services Center
505 Fir Avenue West
Fergus Falls, Minnesota 56537
Phone: (218) 998-8010**

20____ Assessment Pay 20____

Parcel Number of Mobile Home

Parcel Number of Land

Relative Personal Property Mobile Home 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 COMPLETE THIS PORTION: (Please Print) Application must include social security numbers of all owners and their spouses.

Owners Name: _____ Social Security Number: _____

Owners Name: _____ Social Security Number: _____

Address: _____

I purchased the mobile home on: _____

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: _____

OCCUPANT(S) COMPLETE THIS PORTION: (Please Print)

I/We do hereby declare under the penalties of perjury* 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.

Name: (Please Print): _____ Relationship to Owner: _____

What was your previous address? _____

Your mailing address: _____

Date you moved in: _____ 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 social security numbers of all occupants 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 of 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 _____