

Initial Homestead Application

White - Assessor's Copy
Yellow - Property Owner's Copy

Property ID: _____

Pri/Sec: Fractional: Relative:

City of Bloomington

Assessor's Office, 1800 W Old Shakopee Rd, Bloomington MN 55431-3027
Phone: 952/563-8723 Fax: 952/563-4741 [TTY: 952/563-8740 Teletyper]

OWNERS/OCCUPANTS MUST COMPLETE ALL SECTIONS TO THE RIGHT OF SHADING:

Property Address: _____

Legal Description: Lot: _____ Block: _____ Addition Name: _____

Was this property purchased from a friend, relative, government agency, relocation company, an estate or bank?

YES NO If Yes, explain: _____

Deed Type & Date: WD LW QC
CD PR Other

Purchase Price: \$ _____ Pts: _____

Date Moved In: _____

"I hereby declare that (1) if I occupy the property described above, I am a Minnesota resident; (2) I own or am related to the owner of the property described above; and (3) I occupied the property described above as my primary residence on the 'Date Moved In' indicated above. I have read and thoroughly understand the information and 'Penalties' described on the reverse side of this form. The information I have provided on this application is truthful."

ALL Owners Names & Spouse Names (Relatives, if applicable)	Owner/Relative O / R	How Related? H / W etc	Do You Occupy? Yes / No	Social Security Number(s)	Signature(s)
				- -	
				- -	
				- -	
				- -	
				- -	

Owners information only:

Today's Date: _____

Home/Cell Phone #: _____

E-mail Address: _____

Work Phone #: _____

*Previous Address: _____

Relatives information only:

Today's Date: _____

Home/Cell Phone #: _____

E-mail Address: _____

Work Phone #: _____

*Previous Address: _____

***State law requires YOU to inform your previous Assessor within 30 days that you have moved.**

Marital Status: Single / Widowed / Divorced Legally Separated
 Married, Living With Spouse **Married, NOT Living with Spouse, see below
 Divorce Pending In Court **Spouse Living In Nursing Home, see below

****If legally married and your spouse does NOT reside at this property address, the following information must be provided:**

Spouse's Full Name: _____ Spouse's SS #: _____

Spouse's Complete Address: _____

Spouse's Phone Numbers: Home/Cell: _____ Work: _____

The reason your spouse does NOT live with you: _____

Does your non-occupying spouse homestead this or any other property? YES NO

Comments: _____

Appt Needed:

Yes No

Appt Made Refused

Will Call

Date & Initial: _____

HS: Full: _____ Midyear: _____ Abtmt: N/A Offered

%: _____ Site Zip: _____ MN DL: Yes No

Sellers' Last Name: _____

-- IMPORTANT INFORMATION ON THE REVERSE SIDE. PLEASE READ --