

Dade County  
Application for Senior Citizen Tax Credit  
Update Application

(ONLY IF YOU HAVE FILLED OUT FIRST YEAR And PROVIDED ALL INFORMATION NEEDED)

Date of Application: \_\_\_\_\_ **Application Due by April 30<sup>th</sup>**

Parcel Number: \_\_\_\_\_

Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

☐ Yes ☐ No *(if No you have the wrong application)* I have previously applied for Senior Citizen Tax Credit and there are no changes to the information I previously sent. No documentation required.

☐ Yes ☐ No Have any additions been made to the Homestead in the past year.

If Yes, please describe: \_\_\_\_\_

Certification

1. I have read the statement and question included in this Application and understand them and represent that all responses are true and correct.
2. I have the authority to act on behalf of the Homestead, and that I have not claimed more than one primary residence as a homestead for purposes of a property tax credit in Missouri or elsewhere.
3. I understand the County will rely on the information provided by Applicant in this Application and this Certification is a material representation in evaluating this Application of property tax credit.

I understand I may be charged with a misdemeanor as stated in Sections 575.050 and/or 575.060, RSMo if any information submitted in this application is found to be false declaration and I am not aware of any information that would prohibit or disqualify me from receiving the tax credit for the homestead identified in the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application  
By APRIL 30th to:

**No Application will be accepted  
After the date.**

Dade County Collector's Office  
300 W Water St.  
Greenfield, Mo 65661