**FRANKLIN COUNTY ASSESSOR’S OFFICE HOMEOWNER’S EXEMPTION FORM**

 51 West Oneida St

**Office use only**

Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Initial \_\_\_\_\_\_\_\_\_\_\_\_\_

Parcel # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preston, ID 83263

Phone: (208) 852-1091

***Please complete all applicable fields per Idaho Code 63-602G***

 Owner(s) Name Applying (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Physical Address or Location of Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Rent □ Own □ Other

 Date First Occupied New Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Purchase Price (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How is the home occupied: □ Single Family □ Duplex □ Triplex □ Condo □ Manufactured Home

 **To determine if this is your primary residence and that you qualify for this exemption, please answer the following:**

Is this your primary residence? □ Yes □ No Are your vehicles registered in Idaho? □ Yes □ No

 Are you registered to vote in Idaho? □ Yes □ No If yes, which county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Is this property held by a **trust**? (Other than a deed of trust) If yes, a Trust Affidavit is required to obtain exemption along with a copy of the trust.

-Is this property held by a **Limited Partnership, Limited Liability Company, or Corporation**? If yes, an Affidavit Regarding Limited Partnership, Limited Liability Company, or Corporation along with the documentation listing that you are at least a 5% shareholder, member, or partner in the corporation is required to obtain a full exemption.

**IF ADDITIONAL PAPERWORK IS REQUIRED, FORMS ARE AVAILABLE BY MAIL, EMAIL, OR IN PERSON AT OUR OFFICE.**

Under penalty of perjury, **I/we certify** that I am/we are the owner/purchaser and occupy the residential improvement and the land herein described as my/our primary residence. I/we have not made application

for the exemption on any other residential improvements in the state of Idaho.

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

Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Idaho Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Idaho Driver’s License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_