

# Homestead Application Questionnaire

Applicant Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Applicant \_\_\_\_\_ Co-Applicant

Marital Status: (circle one) Single Married Divorced Widow Single

Date of Death of Spouse: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is this a Mobile Home: \_\_\_\_\_ Has it been registered as real? \_\_\_\_\_

Previous Owner: \_\_\_\_\_ Date Deed Signed: \_\_\_\_\_

Date Deed Filed: \_\_\_\_\_ Total Purchase Price: \_\_\_\_\_

Vehicle Tag Number(s): \_\_\_\_\_

As of January 1, were you:

\_\_\_\_\_ Age 65 or older (you must provide proof of age such and a driver license or birth certificate)

\_\_\_\_\_ 100% Social Security Disability.

\_\_\_\_\_ Must Provide Award Letter

\_\_\_\_\_ 100% Disabled American Veteran – Service Connected

\_\_\_\_\_ Must Provide Award Letter

Notes: \_\_\_\_\_

I affirm the above information is true and correct to the best of my knowledge. This the \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Signature \_\_\_\_\_