

## Application to Remove Homestead Classification

Section 1 - Property Information	<i>This section is to be completed by all applicants.</i> Please provide the following information pertaining to the property you own and on which you are <b>removing</b> the homestead.			
	Property Address			
	City	State	Zip	County
	Parcel ID			
	Date Owned	Date Vacated		

Section 2 - Occupant(s) Removing Homestead From Property	<i>This section is to be completed by occupant(s) removing homestead from the property.</i> Each applicant must <b>PRINT</b> his/her name and Social Security numbers below, answer the questions, sign, and date the application. <b>By signing below,</b> I certify that the information on this form is true and correct to the best of my knowledge. I also certify that I am a <b>Minnesota resident</b> , and that I did <b>occupy the property</b> described in Section 1 as my <b>primary place of residence and that by removing the homestead I will be paying at a higher tax</b>			
	Occupant 1	Last name	First name	Middle Initial
				Social Security Number
	Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers License State	Drivers License Number
	What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married - <i>If married</i> , does your spouse occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Divorced* <input type="checkbox"/> Legally Separated* <input type="checkbox"/> Widowed <i>*Divorce/Separation must be recorded/verified.</i>	
	Signature (Occupant 1)		Date	Daytime Phone Number
	Occupant 2	Last name	First name	Middle Initial
				Social Security Number
Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Drivers License State	Drivers License Number	
What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married - <i>If married</i> , does your spouse occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Divorced* <input type="checkbox"/> Legally Separated* <input type="checkbox"/> Widowed <i>*Divorce/Separation must be recorded/verified.</i>		
Signature (Occupant 2)		Date	Daytime Phone Number	

Office Use Only	The homestead on this parcel will be removed for payable year:
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Please return this application to: **Carver County Assessor's Office**

**MAIL:** 600 E 4th Street Chaska MN 55318

**EMAIL:** [assessment@co.carver.mn.us](mailto:assessment@co.carver.mn.us)