

## Application for SB-190 Tax Credit

Camden County Assessor's Office  
50 Roofener Street, Camdenton, MO 65020  
(573)346-4440 ex 1259

### CONTACT INFORMATION

Name of Applicant: \_\_\_\_\_

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

Individual: ☐ Other Entity: ☐ [If other entity is selected, please attach trust agreement, etc.]

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

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

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

E-mail Address: \_\_\_\_\_

### PROPERTY INFORMATION

Address of Primary Residence (physical location of property): \_\_\_\_\_

Parcel Identification Number (located on Real Estate Tax Bill): \_\_\_\_\_

When did Property become primary residence of Applicant? \_\_\_\_\_

### APPLICANT INFORMATION

What was the first year that Applicant was responsible for the payment of property taxes? \_\_\_\_\_

Are all property taxes paid on the above parcel, except for the current year? ☐ Yes ☐ No

### REQUIRED DOCUMENTS. YOU MUST provide the following documents:

1. **Proof of Camden County Residency.** An applicant must provide proof of their Camden County, Missouri residency. The following documents ARE required:

☐ Driver's License, or non-Driver's License. MUST have correct, Camden County address listed from the State of Missouri. (This is mandatory to complete this application).

☐ Voter Registration Card (This is mandatory to complete this application).

☐ Other; describe: \_\_\_\_\_

2. **Proof of Liability for Payment of Taxes.** Copy of the most recent Real Estate Tax Receipt for the Property.

☐ Attached

(revised 15-May-2024 bjw).

## Certification

1. I have read the statements and questions included in this Application and understand them and represent that all responses are true and accurate.

2. I understand that County will rely on the information provided in this Application and this Certification is a material representation in evaluating this Application for an SB-190 Tax Credit. I specifically certify the following:

- a. I am a resident of Camden County, Missouri.
- b. I am an owner of record or have legal or equitable interest in the above Homestead.
- c. I am liable for the payment of real estate taxes on such Homestead and all real estate taxes on this property are current and not delinquent.
- d. I occupy the Homestead for which I am seeking an SB-190 Tax Credit, as my primary residence.
- e. I have not previously been disqualified from applying for an SB-190 Tax Credit nor have I plead guilty to or been found guilty of any action related to previously filing an Application for an SB-190 Tax Credit, in this or any other location in the State of Missouri.
- f. I owned or had a beneficial interest in the subject real estate as of January 1 of this year.

I hereby declare under penalties of perjury that the information submitted in this Applicant is true and correct and that I am not aware of any information that would prohibit or disqualify me from receiving the tax credit for the homestead identified in this Application.

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

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

<b>Notary Information</b>	Embosser or black ink rubber stamp seal		Subscribed and sworn before me, this	
			_____ day of _____ year	
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY)	
			____/____/____	
			Notary Public Signature	
		Notary Public Name (Typed or Printed)		