

**APPLICATION FOR EXEMPTION  
UNDER THE HOMESTEAD/DISABILITY AMENDMENT**



Please print or type all requested information.

County \_\_\_\_\_ Date Submitted \_\_\_\_\_

Application is hereby made for the homestead exemption provided by Section 170 of the Kentucky Constitution.

1. Name(s) of owner-applicant(s) in whose name(s) title is vested: \_\_\_\_\_  
\_\_\_\_\_

2. Name of applicant(s)	Date of birth	Age	Sex	Relationship to other occupants
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other _____

3. Address of personal residence \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Ownership \_\_\_\_\_

4. Have you applied for, or are you receiving, the homestead exemption in a different location, county, or state?  
 yes  no If "yes", where? \_\_\_\_\_

5. Type of residential unit:  single family residence  duplex  apartment building  mobile home  condominium  
 other (describe) \_\_\_\_\_

6. Type of ownership:  fee simple  equitable title  jointly with survivorship  jointly in common  by stock ownership or membership representing the owner's or member's proprietary interest in a multi-family structure

**Note:** Amount of exemption: If ownership is fee simple, equitable title, jointly with survivorship or jointly in common, applicant receives full exemption or up to the assessed value of his interest in the property, whichever is less. If ownership is by stock ownership or membership, the amount of exemption is full exemption or the percentage that the applicant's ownership bears to the total value of the property. (Example: Total value of the structure = \$50,000; applicant's stock ownership = 10%; exemption limit = \$5,000.)

**AFFIDAVIT AND OATH**

I, \_\_\_\_\_, hereby swear (affirm) under penalty of perjury that I (we) am (are) the owner(s) of the property for which this assessment exemption is sought and that I (we) do not or will not claim an exemption for any other property in this Commonwealth or another state. I further swear (affirm) that I (we) maintain this residential unit as my (our) primary residence; that I (we) am (are) 65 years of age or over, or totally disabled; and that all information contained in this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

**RESERVED FOR OFFICIAL USE**

This application is  approved  disapproved.

Map Number \_\_\_\_\_

Account Number \_\_\_\_\_

\_\_\_\_\_  
Property Valuation Administrator

\_\_\_\_\_  
Date