

**CASSIA COUNTY ASSESSOR**203 E 15<sup>TH</sup> St BURLEY, ID 83318

(208) 878-3540

If you have any questions, please call.

Parcel Number: \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

Transaction Verification/ Homeowner's Exemption Application

STARTING TAX YEAR: \_\_\_\_\_

**Date:** \_\_\_\_\_**DOB** \_\_\_\_\_ **Idaho ID / DL#** \_\_\_\_\_**Legal Owner(s) of Property**

_____	Occupying the home	<input type="checkbox"/>	_____
_____	Occupying the home	<input type="checkbox"/>	_____
_____	Occupying the home	<input type="checkbox"/>	_____
_____	Occupying the home	<input type="checkbox"/>	_____

**Physical Address** \_\_\_\_\_Mailing Address ☐ Same as Physical ☐ Other \_\_\_\_\_**Previous Address** \_\_\_\_\_ **County** \_\_\_\_\_**My Previous Address** ☐ has been sold. ☐ was a rental. ☐ I/we still own. Exemption claimed? \_\_\_\_\_**Transaction Verification**

1. Type of Property Purchased ☐ Bare Land Only ☐ Residence ☐ Manufactured Home
2. If your purchase was a Manufactured Home, was land included in the purchase ☐ Yes ☐ No
3. TOTAL Purchase Price of this property \$ \_\_\_\_\_
4. Date property was purchased \_\_\_\_\_ 5. Date property was Occupied \_\_\_\_\_
6. Type of sale: ☐ typical home purchase ☐ transfer between relatives ☐ other \_\_\_\_\_
7. Are you the first occupant of this dwelling ☐ Yes ☐ No 8. Comments: \_\_\_\_\_
9. Do you receive rental income for any or all of this property? \_\_\_\_\_
10. If, so what percentage is used for rental purposes? \_\_\_\_\_

**Homeowner's Exemption Eligibility Declaration**

To qualify for HOMEOWNER'S Exemption under Idaho Code 63-602, this property must serve as your primary dwelling, and you must not have applied for a homeowner's exemption in another county or on another home within the county.

1. Is there a co-signer on your loan?  
If yes, Affidavit of Possessory & Security Interests if required to obtain full exemption. ☐ Yes ☐ No
2. Is this property held in title by a Trust (Other than deed of Trust).  
If yes, Affidavit Regarding Residence of Trust is required to obtain exemption. ☐ Yes ☐ No
3. Do you own any other property (s)? \_\_\_\_\_
4. Do you file an Idaho Income tax return as a full-time resident? \_\_\_\_\_

By signing this application, I certify to the Cassia County Assessor that I wish to withdraw any Homeowner's Exemption on any other home and transfer it to the above property per 63-602G, I.C., to qualify for this exemption. I certify that I am the owner of and occupying this dwelling as my primary residence.

**ALL OWNERS CLAIMING THE EXEMPTION MUST SIGN**

Owner/Occupant Signature	Date	Owner/Occupant Signature	Date
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Owner/Occupant Signature	Date	Owner/Occupant Signature	Date
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Home/ Cell Phone	E-mail
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**Pursuant to Idaho Code 63-602G (5), upon discovery of evidence indicating the existence of an improperly claimed Homeowner's Exemption, the Assessor must assess a recovery of property taxes, plus costs, late charges and interest.**