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## **New Missouri Senior Tax Relief Program Offers Property Tax Freeze**

*Clark County Collector*

*Registration Dates: July 1st-August 31, 2025*

Missouri seniors may now qualify for a new **property tax relief program** that freezes assessed values on their primary residence only.

The **Senior Tax Relief Program**, approved by state lawmakers in 2023, allows eligible seniors to lock in the current tax assessed value on their home, preventing future increases due to rising property values or assessments, not to include new construction.

### **Who Is Eligible?**

To qualify, residents must:

- Be eligible for **Social Security benefits** (typically age 62+), on January 1<sup>st</sup>
- **Own and live** in the home as their primary residence,
- Live in a **county or city that has adopted** the program.

Local governments decide when to start the program in their counties, so eligibility varies by location.

### **How to Apply**

Seniors must apply through their **local county collector's office**, providing proof of age, home ownership, and residency.

Supporters say the program provides crucial relief for seniors on fixed incomes. Some communities have already adopted it, while others are reviewing its impact on local budgets and services.

For more information, contact your local Collector's office at the Clark County Courthouse 111 E Court St, Ste 140 Kahoka, Mo 63445 or you can call if you have any questions at 660-727-3787. Applications can be picked up in our office or it is also available on our website-clarkcountymo.org

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# Clark County

## Application for Senior Citizens Tax Credit as authorized by County Ordinance #06-2025



Parcel Number \_\_\_\_\_ *Can be found on real estate property tax bill and/or receipt.*

Property Address \_\_\_\_\_

Owner of Record \_\_\_\_\_ *As recorded in the Recorder of Deeds' office.*

### APPLICANT INFORMATION

Applicant Name(s) \_\_\_\_\_ ; \_\_\_\_\_

Date of Birth \_\_\_\_\_ ; \_\_\_\_\_

Ownership Type  Individual/Joint  Other Entity *If Other Entity selected, attach trust agreement, operating agreement, etc.*

Yes  No Was the applicant 62 or older as of January 1, 2025? *In the case of joint ownership, only one owner need qualify.*

Yes  No Does the applicant occupy the property as their primary residence?

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

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

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

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

### PROPERTY INFORMATION

*The following information will not impact eligibility.*

Yes  No Does the parcel include more than your Homestead?  
*A Homestead is the real estate property occupied by Eligible Taxpayer as their primary residence.*

Yes  No Are all taxes on this property paid through the prior tax year?

Yes  No Is the current homestead assessment under appeal?

### REQUIRED DOCUMENTS

*Please attach copies of the required documents to this application.*

**Proof of Identity and Age**  
*Include one of the following: Government-issued identification, such as, Driver's License, Birth Certificate, Passport, etc.*

**Proof of Missouri Residency**  
*Include one of the following: Driver's License, Voter Registration Card, state-issued nondriver identification, etc.*

**Proof of Ownership**  
*Deed Book \_\_\_\_\_ Page \_\_\_\_\_ OR include a copy of deed identifying Applicant as an owner of the Property, or a written instrument showing applicant has legal or equitable interest in the Property.*

#### OFFICE USE ONLY

Proof of Identity & Age <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DL <input type="checkbox"/> BC <input type="checkbox"/> P <input type="checkbox"/> _____	Proof of MO Residency <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DL <input type="checkbox"/> VR <input type="checkbox"/> MO ID <input type="checkbox"/> _____	Proof of Ownership <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Deed <input type="checkbox"/> Tr Ag <input type="checkbox"/> Op Ag Owner or legal or eq int? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> _____	Property tax paid? <input type="checkbox"/> Y <input type="checkbox"/> N APPROVED <input type="checkbox"/> Y <input type="checkbox"/> N Reviewer _____ Date ____/____/____
62 or Older as of 01/01/2025 <input type="checkbox"/> Y	Primary residence? <input type="checkbox"/> Y <input type="checkbox"/> N		
Collector Approval _____	Assessor Approval _____		

**CERTIFICATION**

1. I have read the statements and questions included in this application and understand them and certify that all responses are true and accurate.
2. I have the authority to act on behalf of the owners and occupants of the Property, and I have not claimed more than one primary residence as a homestead for the purpose of a property tax credit in Missouri or elsewhere.
3. I understand the County will rely on the information provided by the Applicant in this Application and this Certification is a material representation in evaluating this application for property tax credit.

I specifically certify the following:

- a. I am a resident of the State of Missouri.
- b. I was over the age of 62 as of January 1, 2025.
- c. I am the owner of record of the homestead for which I am seeking a property tax credit or have legal or equitable interest in such property by written instrument.
- d. I am liable for the payment of real property taxes on such homestead.
- e. I occupy the homestead as my primary residence for which I am seeking the Clark County Senior Real Estate Tax Relief credit.

**I understand I may be charged with a Class A misdemeanor as stated in Section 575.050 RSMo if any information submitted in this application is found to be a false declaration and 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.**

**SIGN BELOW IN THE PRESENCE OF A NOTARY PUBLIC**

**Applicant Signature** \_\_\_\_\_ **Applicant Name (Printed)** \_\_\_\_\_

STATE OF MISSOURI    )  
                                  )SS  
COUNTY OF CLARK    )

**SUBSCRIBED** and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_