	HE CLAIM #:
НОМЕ	E EXEMPTION APPLICATION
I/We,	and . the
undersigned property owner(s), due he provisions of Article 4, Chapter 24, Title	ereby submit this home exemption application in conformance to the
	at the below-described real property, I/we hereby request that the home e are aware that I/we must report within thirty (30) days in the event the y the same as my/our home.
PROPERTY TAX INFORMATION Primary Identification Number (PIN	N):
Legal Parcel Description:	
Street # / Name / Village:	
Other use (if any):	( ) Bed and Breadfast Rental ( ) Unit Rental ( ) Commercial
OWNERSHIP RECORD Name(s):	
SSN (last 4 digits):	
Mail Address:	
Contact # / E-Mail address:	/
containing such information as the asset therefor is filed on or before the fiftee	filed with the assessor listing the property involved, in such form and essor shall prescribe. No exemption shall be allowed unless the claim enth (15 <sup>th</sup> ) day of March each year for which the exemption is claim all have continuing effect as a new claim for the exemption for each or voided.
,	) hereby submit this home exemption application for real property aw that the information contained in this application is true and ge.
Signature / Date	Signature / Date
(For office use only)	
RPTD Staff (Print Name/Title	Date
Recommended for: [ ] Approval [ ]	] Disapproval
Administrator, Real Property Tax Division	