



BINGHAM COUNTY ASSESSOR
501 N MAPLE #305
BLACKFOOT, ID 83221
208-782-3017
Application for
Homeowners Exemption

Parcel Number _____

FOR OFFICE USE ONLY	
COPY GIVEN TO TITLE CO _____	INITIALS _____
COPY MAILED TO HOMEOWNER _____	INITIALS _____
COPY GIVEN TO HOMEOWNER _____	INITIALS _____
COPY EMAILED TO HOMEOWNER _____	INITIALS _____

Owner Name _____

Birthdate _____ State D.L/ID # _____

Owner Name _____

Birthdate _____ State D.L/ID # _____

Physical Address _____

Mailing Address _____

(SEC 63-602G, IDAHO CODE)

Please Check One of the Following:

____ Single Family Dwelling

____ Multi-Family Dwelling

____ Mobile Home

____ Commercial W/Living Quarters

Previous Owner

Email address

Mobile Home: Year _____ Make _____ Size _____ Serial# _____

Sale Date: _____ Newly Constructed Home? _____ Date Occupied? _____

To determine if this is your primary residence and that you qualify for this exemption, please answer the following questions:

Is this your Primary residence? _____ Do you file a **full year residency** Idaho Income Tax Return? _____

Are you receiving an exemption on another home? _____ Address: _____

What was the address of your previous residence? _____

County: _____ Sold? _____ Still Own? _____ Rented? _____ Family/Friend? _____

Is there a co-signer that will **NOT** be residing in the home? _____

If yes, an **Affidavit of Possessory & Security Interest** is requires to obtain full exemption.

If your property is titled in one of the following scenarios, we will also need the following documentation:

1: **More than one owner:** (other than husband & wife with the same last name) Signatures of all owners living in this home as their primary residence.

2: **Trust: Notarized Trust Affidavit** submitted along with a copy of the **front page, signature page** of the trust, and the **page listing the Beneficiaries of the Trust.**

3: **Corporation or LLC: Notarized Affidavit Regarding LP, LLC or Corp.** submitted with **documentation** showing that you are at least 5% shareholder, member, or partner, in the corporation or LLC.

I certify that I am the owner, and that I **occupy as my primary dwelling place** the property herein described and to the best of my knowledge and belief, and **under penalty of perjury**, the information I have provided herein is true and correct. I also understand that this information may be verified with the Idaho State Tax Commission. **OUT OF STATE LICENSES HAVE 30 DAYS TO APPLY FOR IDAHO LICENSE REQUIRED BY IDAHO CODE 49-320 (1) RS31367/H0583 & BRING BACK TO OUR OFFICE OR THE APPLICATION WILL BE VOIDED.**

Signature: _____ Phone #: _____ Date: _____

Signature: _____ Phone#: _____ Date: _____

MAIL:
BINGHAM COUNTY ASSESSOR
501 N MAPLE #305
BLACKFOOT, ID 83221

FAX:
208-782-3073

EMAIL:
ABARZEE@BINGHAMID.GOV

PARCEL NUMBER