

GEO _____

Homeowner's Exemption

Kootenai County

Effective Year _____ OCC _____ HO _____

Deputy Initials _____

TO QUALIFY, THE HOME MUST BE OWNER OCCUPIED AND CONSIDERED YOUR PRIMARY RESIDENCE SIX OR MORE MONTHS OUT OF THE YEAR. I.C 63-602G, 63-701

AIN# _____

Parcel # _____

Lot _____ BLK _____

Legal Description: _____

Property Type: Single Family Multi-Family Apartment or Condo Commercial w/ living quarters

Manufactured Home Do you own your own land? Yes No Detached Garage? Yes No

1.) Are you the first occupant of this home? Yes No

2.) Is this home considered your primary residence? Yes No

3.) Is there a co-signer that will **NOT** be residing in the home? Yes No

If yes, an [Affidavit of Possessory & Security Interest](#) is required to obtain full exemption

4.) Is this property held in title by a Trust(s)? (Other than a deed of trust.) Yes No

If yes, an [Affidavit Regarding Resident of Trust](#) is required to obtain full exemption

5.) Is this property held in title by an LTD Partnership, LLC, or Corp? Yes No

If yes, an [Affidavit Regarding LTD Partnership, LLC, or Corp](#) is required to obtain full exemption

Name of All Occupying Owner(s) Print Last, First name

Telephone Number

Mailing Address

Street Address

City State Zip

Purchase Price

Email

Idaho Driver's License? Yes No State _____

Purchase Date: _____

Date of Occupancy: _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT, I AM THE OWNER, OR AM PURCHASING, AND OCCUPY AS MY PRIMARY DWELLING THE RESIDENTIAL IMPROVEMENT AS DESCRIBED ABOVE. I AM AN IDAHO RESIDENT AND I DO NOT HAVE A HOMEOWNERS EXEMPTION ON ANY OTHER PROPERTY THAT I CURRENTLY OWN. I HEREBY GRANT PERMISSION TO ANY GOVERNMENT AGENCY TO CONFIRM MY STATUS RELATIVE TO IDAHO STATE RESIDENCY, AND TO RELEASE, TO THE KOOTENAI COUNTY ASSESSOR WHATEVER INFORMATION IS NECESSARY TO DO SO.
I HAVE READ THE ABOVE STATEMENT INITIALS: _____

Previous Address _____ City _____ State _____ County _____

Did you have a Homeowner's exemption at you previous address? Yes No Sold Still Own
Rented Family/Friend

Signature of Owner

Date of Application

Signature of Owner

Date of Application

For Office Use Only

Notes: _____
