

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

Block

Legal Description:

Property Type:

Single Family

Apartment or Condo

Commercial w/ Living Quarters

Multi-Family

Manufactured Home

Do you own your land? 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 (above each line item description):

Last,

First Name

DOB

Telephone Number

Last,

First Name

DOB

Telephone Number

Street Address

City

State

Zip

Mailing Address

City

State

Zip

Email

Purchase Price:

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

Zip

County

Did you have a Homeowner's exemption at your previous address?

Yes

No

Sold

Still Own

Rented

Family/Friend

Signature of Owner

Driver's License State & Number

Date of Application

Signature of Owner

Driver's License State & Number

Date of Application

### For Office Use Only

Notes: \_\_\_\_\_  
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