

**APPLICATION FOR EXEMPTION
UNDER THE HOMESTEAD/DISABILITY AMENDMENT**



Mail completed application to:

SCOTT COUNTY PVA OFFICE – 101 E. MAIN ST. STE 206 – GEORGETOWN, KY 40324

PHONE: 502-863-7885 - FAX: 502-863-7899 – WEB: WWW.SCOTTKYPVA.COM – OFFICE HOURS: WEEKDAYS 8:30AM – 4:30PM

County: SCOTT Date Submitted: _____

Application is hereby made for the Homestead Exemption provided by Section 170 of the Kentucky Constitution.

HEX (Homestead Exemption based on age) **DIS** (Homestead Exemption based on disability)

1. Name(s) of owner-applicant(s) in whose name(s) title is vested: _____

2. Name of applicant(s)	Date of Birth	Age	Sex	Relationship to other occupant
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other
_____	_____	_____	_____	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Other

3. Address of residence _____
Mailing address (if different from above) _____
Phone Number _____ Email _____

4. Have you applied for, or are you receiving, the homestead exemption in a different location, county, or state?
 No Yes, If "yes" where? _____

5. Type of residential unit: single family residence duplex apartment building mobile home condominium
 other (describe) _____

AFFIDAVIT OF OATH

I, _____, hereby swear (affirm) under penalty of perjury that I (we) am (are) the owner(s) of the property for which this assessment exemption is sought; that I (we) **occupy** and **maintain** this residential unit as my (our) personal residence; that I (we) am (are) 65 years of age or over, or totally disabled; and that all information contained in the application is true and correct.

I also understand, per KRS132.810(2) (h), when title to this property is transferred or when a change in my qualifying status occurs, the PVA shall be notified and per KRS132.990(4) any person who willfully falsifies an application for exemption shall be fined not more than five hundred dollars (\$500).

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

RESERVED FOR OFFICIAL USE:

This application

Has been **APPROVED** **DISAPPROVED** for Parcel ID OR Account # _____

Property Valuation Administrator

Date

(See Explanation on Reverse)

~~PLEASE REMEMBER TO ATTACH COPY OF PHOTO ID TO APPLICATION~~

EXPLANATION

1. This application-affidavit must be submitted during the year in which exemption is sought to the property valuation administrator of the county in which the residential unit is located or by December 31 if applying for disability. Every person filing for the homestead exemption who is totally disabled and less than 65 years of age must apply for the homestead exemption on an annual basis.
2. What does homestead exemption mean?
Under the provisions of the Homestead Amendment, a person or persons must be 65 years of age or older or totally disabled during the year for which application is made, and must own, occupy and maintain a residential unit for such exemption.
3. **Age Requirement**
A person or persons owning, living in and maintaining a residential unit must meet the 65 years of age requirement. If only one spouse is 65, the age requirement is met.

4. Verification of Age & Residence of Scott County

A person must **own** and **occupy** the property for which the exemption is sought as his/her **primary residence**. A primary residence is a person's fixed permanent or principal home for legal, voting and tax purposes. Date of birth of the applicant(s) and proof of residence must be verified by one of the following forms of identification:

1. Scott Co. Driver's License issued by the Scott Co. Circuit Court Clerk's Office
2. Personal ID Card issued by the Scott Co. Circuit Court Clerk's Office

Date of birth of applicant(s) may also be established by a substantiating document, such as:

1. Medicare Card issued by Social Security (red/white/blue)
2. Certified Birth Certificate or Birth Registration
3. Medical Assistance card carrying an A or J prefix to SS#

5. Disability Requirements

A person must be classified as totally disabled under any type of public or private retirement system. **Residency verification** (see item # 4) must also be substantiated and, the following provisions **must** be met:

- A. The applicant must have **maintained the disability classification for the entire year**.
- B. The applicant must have received disability payments under this classification.
- C. **Verification documentation** must be submitted to the property valuation administrator before December 31 of each year to show continuing eligibility.

For additional information about the Homestead Exemption you may contact our office during normal business hours, Monday - Friday - 8:30 am - 4:30pm Phone: 502-863-7885, 101 E. Main St (2nd Floor Courthouse) or Email: scottpva@msn.com.