



For Office use only

Application for Homestead Classification - Please read the back of this form before completing.

You must own and occupy the property on either January 2 or December 1, and the application must be returned to your assessor's office by December 15 to be eligible for homestead classification for taxes payable in the following year.

Please provide the following information pertaining to the property on which you are claiming homestead.

Section 1 - Property Information	Property ID number 022823320077	CONDO/TOWNHOME OWNERS: Do you have a separate garage unit, storage unit or parking space that has a different property ID number? ☐ Yes ☒ No	
	Property address 1068 Summit Avenue	City St. Paul	Zip 55105
	Is this also the occupant's mailing address? ☒ Yes ☐ No If no, what is the occupant's complete mailing address:		

Previous Address Required Per State of MN in Order to Prevent Homestead Fraud.

Failure to provide a previous address AND your move out date could result in a delay in processing your application

Section 2 - Previous residence	Previous address 2865 Lexington Ave N #B	Was this property homesteaded by you or your spouse? ☐ Yes ☒ No		
	City Roseville	State MN	Zip 55113	County RAMSEY
	Your Move Out Date * May 2015	*If your previous address was homestead, you must notify the county in which it was located that you have vacated the property. Failure to do so could result in the loss of both homesteads.		

This section is to be completed by all adult occupant(s) claiming homestead on the property.

Each section below must be completed in full by each occupant.

Section 3 - Occupant(s) claiming homestead on property	OCCUPANT1 Last name Ytbarek		First name Brikti	Middle Initial	Social Security number [REDACTED]
	Are you listed as an owner on the deed? ☒ Yes ☐ No or are you Applying as a relative of the owner ☐ Yes ☒ No		Date Owned 10/1/2013		Your Move In Date 5/1/2015
	What is your marital status? ☐ single ☒ married ☐ widowed ☐ divorced ☐ legally separated				
	If married, does your spouse occupy the property? ☐ Yes* ☒ No *If yes, spouse must complete application				
	Signature (Occupant 1) X [Signature]		Date 5/5/15	Daytime phone number 340 690 6867	
	OCCUPANT2 Last name		First name	Middle Initial	Social Security number
	Are you listed as an owner on the deed? ☐ Yes ☐ No or are you Applying as a relative of the owner ☐ Yes ☐ No		Date Owned		Your Move In Date
	What is your marital status? ☐ single ☐ married ☐ widowed ☐ divorced ☐ legally separated				
	If married, does your spouse occupy the property? ☐ Yes* ☒ No *If yes, spouse must complete application				
	Is Occupant 1 your spouse? ☐ Yes ☐ No				
Signature (Occupant 2) X		Date 5/1/2015	Daytime phone number		

Failure to fully complete the application can result in a fractional homestead or denial of the homestead classification on the property described in Section 1.

Making false statements on this application is against the law. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison.

By signing this application, I certify that the information on this form is true and correct to the best of my knowledge. I also certify that I am a Minnesota resident, and I occupy the property described in Section 1 as my primary place of residence.



**Ramsey County Assessor
Non-Occupant Spouse Form**

PROPERTY ID: 1068 Summit Ave, St Paul
PROPERTY ADDRESS: 02-28-23-32-0077

Spouse Information

Per Minnesota Statutes, section 273.124, sub. 1(e), a married person may be eligible for a full homestead if their spouse is absent due to marriage dissolution proceedings, legal separation, employment or self-employment in another location, or other personal circumstances.

Please check ONE box below and provide applicable information/documentation:

☐ **Marriage Dissolution Proceedings**

Provide legal documentation including the following pages within the dissolution; first page, page under conclusions of law that indicates who is awarded the property, the signature/notarized page, and if applicable, a page showing the name change.

☐ **Legal Separation**

Provide documentation; for example, a letter from your Attorney stating he/she has been retained or legal separation papers.

☒ **Employment or Self-employment in Another Location**

To qualify under this clause, the spouse's place of employment or self-employment must be at least 50 miles distant from the other spouse's place of employment, and the homesteads must be at least 50 miles distant from each other.

Provide employer's name, address and phone number for each spouse

Wife's Employer's Name: AB Staffing Solutions LLC → Currently Contracted
Employer Address: 1 Veterans Drive, Minneapolis, MN at VA MC
Phone Number: 612 467 2721

Husband's Employer's Name: The Eye Clinic, LLC
Employer Address: 951 Footfalls Professional Bldg #1071108
Phone Number: St. Thomas, VI 00802
340 774-1531

☐ **Other personal circumstances; provide in writing the circumstances**

In addition, Minnesota Statutes, section 273.124, subd. 13 (c), requires the County Assessor obtain the name, address, and Social Security Number of the spouse of each owner even if the spouse does not occupy the property. Social Security numbers are confidential and your information is protected under the MN Data Privacy Act.

Name of Non-Occupant Spouse: Kidane Assefa

Social Security Number: 535-04-0252
Address: 1612 St. Joseph: Rosendahl, St. Thomas VI 00802

Is the non-occupant spouse a Minnesota resident? YES ☐ NO ☒

Property Owner's Signature: [Signature] Date: 8/5/15

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Mail completed form to: Ramsey County Assessor (Homestead), PO BOX 64097, St. Paul, MN 55164-0097

NOTE: This form must be accompanied by Application for Homestead Classification

Questions? Call 651-266-2040 or email AskHomesteads@co.ramsey.mn.us