

**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.

Section 1 - Property information	Please provide the following information pertaining to the property on which you are claiming homestead.				
	Property ID Number <b>112823140051</b>		CONDO/TOWNHOME OWNERS: Do you have a separate garage unit, storage unit or parking space that has a different property ID number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Address of Property <b>358 Arbor Street</b>		City <b>St. Paul</b>	Zip <b>55122</b>	
Is this also the occupant's mailing address? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, what is the occupant's complete mailing address: <b>4300 Blackhawk Rd, Eagan, MN 55122</b>					
Section 2 - Previous residence	Previous address required per State of Minnesota in order to prevent homestead fraud. Failure to provide your previous address AND your move out date could result in a delay in processing your application				
	Previous Address <b>4300 Blackhawk Rd</b>		Was this property homesteaded by you or your spouse? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	City <b>Eagan</b>	State <b>MN</b>	Zip <b>55122</b>	County <b>Dakota</b>	
	Your move out date* <b>12/01/2017</b>	*If your previous address was homesteaded, 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.			
Section 3 - Occupant(s) claiming homestead on property	<b>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.</b>				
	OCCUPANT 1 Last Name <b>Staheli</b>		First Name <b>Diane</b>	Middle Initial	Social Security Number <b>468-70-9544</b>
	Are you listed as an owner on the deed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or are you Applying as a relative of the owner <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Owned: <b>01/01/1980</b>	Your Move In Date: <b>12/01/2014</b>	
	What is your marital status? <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated				
	If married, does your spouse occupy the property? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *If yes, spouse must complete application				
	Signature (Occupant 1) <b>X [Signature]</b>		Date <b>1/7/20</b>	Daytime Phone Number <b>612-865-2004</b>	
	OCCUPANT 2 Last Name		First Name	Middle Initial	Social Security Number
	Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No or are you Applying as a relative of the owner <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Owned:	Your Move In Date:	
	What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated				
	If married, does your spouse occupy the property? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, spouse must complete application				
Is Occupant 1 your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature (Occupant 2) <b>X</b>		Date	Daytime Phone Number		
<b>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.</b>					
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.					

# Special Homestead Classification: Class 1b Property

For homesteads of persons who are blind or permanently and totally disabled

Applications are due by October 1. Read instructions before completing.

Check if:  This is my first application  This is a change of address

Type or Print	Your first name and middle initial	Last name	Social Security number
	DIANE MARIE STAEHEL		[REDACTED]
	Spouse's first name and M.I.	Last name	Social Security number
	RONALD DAVID STAEHEL		[REDACTED]
Address (cannot be a P.O. Box number)			
358 ARBOR ST			
City	State	Birth	
ST. PAUL	MN	[REDACTED]	
Property ID number or plat and parcel number (from property tax statement)			

Do you own this property?	I have owned this property since:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	month: 12 year: 1980
Does a relative own the property?	I have lived in this property since:
<input type="checkbox"/> Yes <input type="checkbox"/> No	month: year:

Check all that apply	Check all boxes that apply. If you are applying for the first time, you must attach the appropriate documentation certifying that you are blind or permanently and totally disabled. (See instructions to determine what information to provide.)
	Check if: <input type="checkbox"/> I am legally blind <input checked="" type="checkbox"/> I am permanently and totally disabled
	The onset of your disability or blindness must have occurred on or before June 30 of the year you are filing for the special homestead classification.
	Check one box only: I own this property with: <input type="checkbox"/> No one else <input checked="" type="checkbox"/> My spouse only <input type="checkbox"/> My spouse and others <input type="checkbox"/> One other person (who is not my spouse) <input type="checkbox"/> Others (not including my spouse) <input type="checkbox"/> Home is owned by a relative. What is your relationship to the owner?
I have attached the appropriate documentation certifying that I am legally blind or permanently and totally disabled, and this documentation shows that the onset of my disability or blindness occurred before June 30 of the filing year.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that I am not receiving the Disabled Veterans Homestead (Market Value Exclusion program).	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Sign Here	Signature of owner: I declare all information on this form is true, correct, and complete to the best of my knowledge and belief.
	Making false statements on this application is against the law Minnesota Statute 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.
	Signature of applicant: [Signature] Signature of spouse: [Signature] Date: 1/7/20 Daytime phone: 612-865-2004

Name of applicant

Application is

Approved  Denied  
 for assessment year:

For office use only to be completed by the county assessor

Assessor's signature

Date

Please return completed application and required attachments to your county assessor.