



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	<b>CONDO/TOWNHOME OWNERS:</b> 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	
Property address 1068 Summit Avenue	City St Paul	Zip 55105
Is this also the occupant's mailing address? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

<b>OCCUPANT1</b> Last name Ytbarek	First name Brikti	Middle Initial	Social Security number 
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 checked="" type="checkbox"/> No		Date Owned 10/1/2013	Your Move In Date 5/1/2015
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) X	Date 5/5/15	Daytime phone number 340 690 6867	
<b>OCCUPANT2</b> 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 checked="" 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) 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 at VA MC  
Employer Address: 1 Veterans Drive, Minneapolis, MN  
Phone Number: 612 467 2721

Husband's Employer's Name: The Eye Clinic, LLC  
Employer Address: 951 Footfalls Professional Bldg #1091108  
St. Thomas, VI 00802  
Phone Number: 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: 5/5/15

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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](mailto:AskHomesteads@co.ramsey.mn.us)