

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 ID number				CONDO/TOWNHOME OWNERS:					
022823320077	Do you	Do you have a separate garage unit, storage unit or parking space that ha							
			<del></del> -	property	/ ID num	ber?	☐ Yes ☑ No	-	
Property address		•	City	1 *				Zip	
1068 Summit Avenue Is this also the occupant's maili	· -1-12-00	EX. 1/_2	St_Pa				int's complete mailing address:		
TO A				7, Winac.		Aupu.	11.5 COMPLETE THE STATE OF THE	1001635.	
<b>Previous Address Required Pe</b> l Failure to provide a previous addr							ocessing your application	n	
Previous address Z865 Liexing Ion Ave N #B			_	Was this property homesteaded by you or your spouse? ☐ Yes X No					
Roseville State			MN	S5113 County RAMSEY					
Your Move Out Date *	you have va	cated the	property. Fai	ilure to c	do so co	uld res	ify the county in which sult in the loss of both	it was located th	
This section is to be completed Each section below must be com	<b>d by all adult</b> pleted in full t	<b>occupar</b> y each o	nt(s) claimin ccupant.	g home	estead	on the	∍ property.		
OCCUPANT1 Last name First name Middle Initial Ytbarek Brikti				Social Security number			number		
	Yes⊠ No		Date Own				Your Move In Dat	e 5/1/2015	
What is your marital status?	∐single ⊠m	amed ∐wi	idowed □divord	æd ∐le	gally sepa	ırated			
If married, does your spouse oc	cupy the prop	erty?	Yes* N	o *lf ye	s, spoi	ıse m	ust complete applica	ıtion	
Signature (Occupant 1)	Mare	K	- Hillier at a	Date 5	5]	15	Daytime phone number 340 690	6867	
OCCUPANT2 Last name	First name	Middle In	itial		Social S	iecurity	number		
Are you listed as an owner on the deed? [ Applying as a relative of the owner	Date Own	ed			Your Move In Date	)			
What is your marital status?	☐single ☐marr	ied □wido	wed  divorcer	i ∐lega	lly separat	ied		- <del></del>	
If married, does your spouse oc	cupy the prop	erty? 🔲	Yes* No	*If yes	, spous	se mu	st complete applicat	ion	
s Occupant 1 your spouse? 🗌 Ye	es ∐ No								
Signature (Occupant 2)				Date			Daytime phone number		
X				5/1/2015					
Failure to fully complete the ar the property described in Sect		n result i	n a tracuon	al nome	<u>esteau</u>	<u>or de</u> i	nial of the nomestea	d classification	
Making false statements on this a information in order to avoid or re									



## Ramsey County Assessor Non-Occupant Spouse Form

Summit Ave, St Paul 02-28-23-32-0077 PROPERTY ADDRESS: 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 Veterun's Drive, Minicaplis, MIN Phone Number: \_\_\_\_ 612 467 2721 Husband's Employer's Name: The Eye Clinic, LLC Employer Address: \_\_\_ 951 Foothills Professional Buildy #-104/108 Phone Number: \_\_\_ St. Thomas, VI 00802 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: I G12 St. Juston: Rosendahl, St. Thomas VI 00802 Is the non-occupant spouse a Minnesota resident? YES NO Property Owner's Signature: (\) Making false statements on this form 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.

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 <a href="mailto:AskHomesteads@co.ramsey.mn.us">AskHomesteads@co.ramsey.mn.us</a>