

**APPLICATION FOR HOMESTEAD**

(All Owners of the Property Must List Name/Social Security)

APPLICANT'S NAME: \_\_\_\_\_  
SOCIAL SECURITY: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
SOCIAL SECURITY: \_\_\_\_\_  
(Use back of form for additional owners)

PROPERTY ID: \_\_\_\_\_  
(Please List All Parcels) \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
PO BOX: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_ CELL: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

PLEASE PROVIDE A PHOTO COPY OF ALL HOMESTEADER'S DRIVER'S LICENSE:  
(Your homesteaded address should be on that license)

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- 1-Did you recently purchase this property? Yes No  
If yes, please list the previous owner's name: \_\_\_\_\_
- 2-Was the previous owner occupying this property on Jan. 1 of this year? Yes No
- 3-Is the address provided above the property address? Yes No
- 4-What date did you own this property: \_\_\_\_\_
- 5-What date did you occupy this property: \_\_\_\_\_
- 6-Do you plan to be away from the property in the month of January? Yes No  
If yes, when will you return: \_\_\_\_\_

Please return this application along with the requested copy of the driver's license to the following:

By Mail: Greenwood Township Assessor  
3000 County Road 77  
Tower, MN 55790

By Fax: 218-753-6006

If you have any questions, please call Ellen Trancheff @ 218-753-2231