

Reference -
OTC
921

APPLICATION FOR HOMESTEAD EXEMPTION
RETURN TO: LEONARD SULLIVAN - OKLAHOMA COUNTY ASSESSOR
320 ROBERT S KERR AVE RM 313
OKLAHOMA CITY OK 73102

Tax Year
2016
2017

PART ONE
APPLICANT

Physical Location Address: _____ Account Number: _____
Name: (Last) _____ (First) _____ (MI) _____
Applicant Social Security Number: _____
Marital Status: Married Single Separated Divorced Widow
Spouse: (Last) _____ (First) _____ (MI) _____
Co-Applicant Social Security Number: _____
Legal Description: Lot ____ Block ____ Subdivision _____

PLEASE MARK THE APPROPRIATE BOX...

Y N Are you a legal resident of Oklahoma?
 Y N Do you currently, or did you in the previous year, have homestead exemption in this State?
If so, list Address _____ City _____ County _____
 Y N Is any part of the described property used as commercial?

PART TWO
OWNERSHIP

PLEASE MARK THE APPROPRIATE BOX...

Y N Did you own this property on or before January 1st of this year?
 Y N Were you occupying this property as your place of residence on January 1st of this year?
 Y N Was or will your deed or other evidence of ownership be of record with the County Clerk's Office on or before February 1st of this year?

NOTE: (If today's date is after March 15th of this year, or you answered "no" to any question in section "A," you may not qualify for this year's exemption. To apply for next year's exemption, complete section "B" of this application.)

PLEASE MARK THE APPROPRIATE...

Homestead exemption cannot be approved if you do not own and occupy the subject property as your place of residence on January 1st each year the exemption is applied, including the year of application.

Y N Do you own this property?
 Y N Will you to the best of your knowledge, own and occupy this property as your place of residency January 1st of next year?
 Y N Will your deed or other evidence of ownership be of record with the County Clerk's Office before February 1st of next year?

PART THREE
Signature

Under penalty of perjury, I the undersigned, affirm that all information provided and herein contained are true and correct to the best of my knowledge.

Mailing Address: _____ City _____ State _____ Zip _____
Daytime Phone Number: _____
Email Address: _____
Applicants Signature: _____ Date: _____

Approved beginning _____ tax year.
 Disapproved/Reason _____

Deputy _____ Date _____