

Reference OTC 921 <small>Revised 11-2024</small>	<h2 style="margin: 0;">APPLICATION FOR HOMESTEAD EXEMPTION</h2> <p style="margin: 0; font-size: small;">Return to: Larry Stein - Oklahoma County Assessor 320 Robert S Kerr Ave RM 313 Oklahoma City OK 73102</p>	Tax Year 2025 <input type="checkbox"/> 2026 <input type="checkbox"/>
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PART ONE
Applicant

Physical Location Address: _____ **Account Number:** _____

Name: (Last) _____ (First) _____ (MI) _____

Applicant Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Separated Divorced Widow

Spouse: (Last) _____ (First) _____ (MI) _____

Co-Applicant Social Security Number: _____ Date of Birth: _____

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
A

PLEASE MARK THE APPROPRIATE BOX...

Y N Did you own this property on or before January 1, 2025?

Y N Were you occupying this property as your place of residence on January 1, 2025?

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 1, 2025?

NOTE: (If today’s date is after March 15, 2025, 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.)

B

PLEASE MARK THE APPROPRIATE BOX...

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 1, 2026?

Y N Will your deed or other evidence of ownership be of record with the County Clerk’s Office before February 1, 2026?

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