David O'Neill, PVA 101 East Vine Street, Suite 600 Lexington, KY 40507 P 859-246-2722 F 859-246-2729

## APPLICATION FOR EXEMPTION



## **UNDER THE HOMESTEAD/DISABILITY AMENDMENT**

Please print or type all requested information. Return with documentation of eligibility.

County	<del></del>	Date Submitted				
Application is h	ereby made for the home	estead exemption pro	ovided by S	Section	n 170 of the I	Kentucky Constitution.
1. Name(s) of o	wner(s) listed on the deed	d				
					Spouse	ip to Other Occupants Other Other
	ersonal residence					
	City _			_ Stat	e	_ Zip Code
Mailing addr	ress (if different from abo	ve)				
Phone Numb	oer	E-Mail _				
4. Have you ap	plied for, or are you recei	iving, the homestead	exemption	in a di	ifferent locat	ion, county, or state?
□ yes □no	If "yes", where?					
-	exemption limit = \$5,000		_		or the prop	perty = \$50,000; applicant's
I.		. hereby swear (a	affirm) und	ler nei	nalty of peri	ury that I (we) am (are) the
any other proper unit as my (our)	property for which this e rty in this Commonweal	th or another state. I (we) am (are) 65 yea	and that I ( further sw rs of age or	we) do ear (af over o	o not or will firm) that I ( or will be 65	not claim an exemption for we) maintain this residential during the calendar year, or
Signature of Appli	cant			Date	·	
Signature of Spous	e or Co-owner			Date	!	
		RESERVED FOR C	OFFICIAL U	JSE		
This application	is □approved □disapp	proved.	Acc	count N	Number	
Droporty Valuation	n Administrator	Data	Dat	e of O	wnership _	
TIODELLY VALUATION	i Auninishawi	Dail				