

For Office Use

Clay County Application to Remove Homestead Classification

Section 1 – Property Information	This section is to be completed by all Owners. Please provide the following information pertaining to the property you own and on which you are removing the homestead.			
	Property Address			
	City	State	Zip	County
	Parcel ID			
	Date Owned		Date Vacated	

Section 2 – Owner(s) Removing Homestead From Property	This section is to be completed by owner(s) removing homestead from the property. Each owner must PRINT his/her name below, answer the questions, sign and date the application. By signing below , I certify that the information on this form is true and correct to the best of my knowledge. I also certify that I am/was a Minnesota resident , and that I did occupy the property described in Section 1 as my primary place of residence and that by removing the homestead I am aware that I will be paying a higher property tax.			
	Owner 1	Last Name	First Name	Middle Initial
	Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Signature (Owner 1)		Date	Daytime Phone Number
	Owner 2	Last Name	First Name	Middle Initial
	Are you listed as an owner on the deed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature (Owner 2)		Date	Daytime Phone Number	

Change of Mailing Address	Please change my mailing address information for this parcel to the address below.		
	Property Address		
	City	State	Zip

Office Use Only	The homestead on this parcel will be removed for payable year:
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Please return this application to:
Clay County Assessor 807 11th Street North Moorhead, MN 56560