

CAMDEN COUNTY ASSESSOR'S OFFICE

WALK-IN LOCATION: 50 ROOFENER STREET, CAMDENTON, MO

MAIL TO: 1 COURT CIRCLE NW, STE 6

CAMDENTON, MO 65020

573-346-4440 EXT 1269

(Apply or Re-Apply January 1st thru June 30th 2025)

[\[\] APPLICATION FOR SB-190 TAX CREDIT - 2025](#)

[\[\] RE-APPLICATION FOR SB-190 TAX CREDIT - 2025](#)

APPLICANT INFORMATION:

NAME: _____ DOB: _____

(Must be 62+ years old)

HAVE YOU MOVED SINCE LAST YEAR'S APPLICATION DATE: [] YES [] NO

PHYSICAL ADDRESS: **(MUST BE PRIMARY RESIDENCE)**

MAILING ADDRESS: (If different than physical address)

Street: _____

Street: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Telephone/Cell Number: _____

Email: _____

PROPERTY INFORMATION:

PARCEL/TAX ID (See Real Estate Tax Receipt): _____

HAVE ANY NAME/OWNERSHIP CHANGES BEEN MADE SINCE LAST YEAR'S APPLICATION DATE: [] YES [] NO

OWNERSHIP: [] Individual OR [] Trust (Must provide copy of Owner/Declaration Page verifying ownership.)

PROOF OF CAMDEN COUNTY RESIDENCY: (Address on ID must be the same as your physical address)

[] Driver's License or other Government Issued Photo ID

OR

[] 2024 Camden County Voter Registration Card

PROOF OF PAID TAX LIABILITY:

[] 2024 PAID Real Estate Tax Receipt

(See Certification on Reverse Side)

Certification

1. I have read the statements and questions included in this application and understand them and represent that all responses are true and accurate.

2. I understand that Camden County will rely on the information provided in this application and this certification as material representation in evaluating this application for an SB-190 Tax Credit. I specifically certify the following:

- a. I am a resident of Camden County, Missouri.
- b. I am an owner of record or have legal or equitable interest in the above Homestead.
- c. I am liable for the payment of real estate taxes on such Homestead and all real estate taxes on this property are current and not delinquent.
- d. I occupy the Homestead for which I am seeking an SB-190 Tax Credit, as my primary residence.
- e. I have not previously been disqualified from applying for an SB-190 Tax Credit nor have I plead guilty to or been found guilty of any action related to previously filing an application for an SB-190 Tax Credit, in this or any other location in the State of Missouri.
- f. I owned or had a beneficial interest in the subject real estate as of my signature date on this application.
- g. Any other Camden County tax liability that I may have, is current and not delinquent.
- h. I understand that I must reapply each year to avoid forfeiture of the current year tax credit and any previous frozen assessment increases.**

I hereby declare, under penalties of perjury, that the information submitted in this application is true and correct and that I am not aware of any information that would prohibit or disqualify me from receiving the tax credit for the homestead identified in this application.

Signature: _____ Date: _____

(This document needs to be signed in the presence of a notary public.)

Notary Information	Embosser or black ink rubber stamp seal	Subscribed and sworn before me, this _____ day of _____ year		
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) ____/____/____	
	Notary Public Signature			
	Notary Public Name (Typed or Printed)			