

For Office Use Only

Name of applicant \_\_\_\_\_ Assessment year \_\_\_\_\_

☐ Approved

Assessor's signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Denied

**CR-LODA**

# Application for Local Option Disaster Abatements and Credits

**County**

If your property has been damaged or destroyed by a natural disaster or other type of accident, you may be eligible to receive some property tax relief on this year's and next year's property taxes. The type of tax relief you receive will depend on whether your property is homesteaded, whether it is located within a declared disaster or emergency area, the amount of damage sustained, and a number of other factors. If an assessor has not already reassessed your property, you should contact your county assessor's office and request that an assessor view the damage for the purpose of receiving disaster relief.

**Applicant and Property Information**

|   |           |   |       |          |
|---|-----------|---|-------|----------|
| Last Name   |           | First Name  |       | M.I.     |
| Mailing Address - Street  | City/Town |   | State | Zip Code |
| Phone Number  | Email     |   |       |          |
| Property ID or Parcel Number (found on your property tax statement) |           |   |       |          |
| Address of Damaged Property (if different than mailing address)     |           |   |       |          |
| Is the property homesteaded?  |           | How many months was the property unable to be occupied or used? |       |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No            |           | Date you left property: _____                                   |       |          |
|   |           | Date you returned   |       |          |
|   |           | to property (if applicable): _____                              |       |          |

**Statement of Facts**

**Applicant's statement of facts. (Please list type of disaster, type of damage, and any other information you deem relevant.)**

**Sign Here**

*By signing below, I certify, to the best of my knowledge, the above statements are true and correct.*

|                             |      |
|-----------------------------|------|
| Signature of Property Owner | Date |
|-----------------------------|------|

Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

## Use of Information

The information on this form is required by Minnesota Statutes, section 273.1233 to properly identify you and determine if you qualify for a disaster abatement and/or credit.

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**Report of investigation**

I hereby report that I have investigated the statements made in this application and find the facts to be as follows:

Signature

Date

**Market Value**

|             | Land | Improvements | Total |
|-------------|------|--------------|-------|
| Pre-damage  |      |              |       |
| Post-damage |      |              |       |
| Reduction   |      |              |       |

|             | Class | Tax Capacity | Tax Before Credits | Other Credits | Tax Payable |
|-------------|-------|--------------|--------------------|---------------|-------------|
| Pre-damage  |       |              |                    |               |             |
| Post-damage |       |              |                    |               |             |
| Reduction   |       |              |                    |               |             |

☐ Tax is Paid

☐ Tax is Not Paid

Date

Local Tax Rate

Is the property located in a declared disaster area?

☐ Yes

☐ No

**County assessor's recommendation**

☐ Approve ☐ Deny

Signature

Date

**County auditor's recommendation**

☐ Approve ☐ Deny

Signature

Date

**County board of commissioner's action (to be completed by the county auditor)**

**Local Option Disaster Abatement:** ☐ Approved ☐ Denied **Local Option Disaster Credit:** ☐ Approved ☐ Denied

Signature

Date

I certify that at a meeting held on \_\_\_\_\_, \_\_\_\_\_, the County Board, took the above official action on this abatement. This action was duly adopted and entered upon the minutes of its proceedings as a public record, showing the name(s) of taxpayer(s), other concerned persons and the amounts involved.

**Certifications of final approval (complete only for approved abatements).** This section to be completed by the county auditor. I further certify that the approval of this abatement has resulted in the following changes:

Reduction of Tax \$ \_\_\_\_\_

Reduction of Penalty \$ \_\_\_\_\_

Reduction of Interest \$ \_\_\_\_\_

Total Reduction/Refund \$ \_\_\_\_\_

**Total Payable** \$ \_\_\_\_\_

Signature

Date