

Shannon County Senior Real Estate Property Tax Relief Program



Susie Needels, Shannon County Collector

18529 Main Street Eminence, MO 65466

Date _____ (mm/dd/yyyy)

Office Code _____

PRIMARY HOMESTEAD

Applying First Time

If you are applying for the Homestead Credit Relief Program for the first time, this is the option you should select. Since we currently do not have your details in our system across all county offices, your application process will start from scratch. To begin, please provide a valid parcel number to initiate your application.

Existing Tax Payer

Based on the parcel number you entered; we successfully retrieved your details along with taxpayer information. If any of the fetched details appear incorrect, you can submit a Modification Request, and county officials will assist you during your visit to the county office.

If you have moved to a new homestead or your parcel number has changed since your last application, please select the appropriate option to proceed.

Owner moved to a new parcel

If you have changed your homestead since your last application, select this option to continue. You can retrieve your details using the email associated with your previous application. Once your information is validated, the system will allow you to proceed with the application process.

Important Note: As you are applying for homestead credit on a new parcel number, your Tax Credit Basis will reset to the current tax year.

My Parcel Number Has Changed (Address is Same)

If your parcel number has been updated but your homestead address remains the same, select this option to continue. After entering the new parcel number, you can retrieve your details using an email.

Rest assured; your Tax Credit Basis will remain intact when you choose this option.

Parcel Number _____ (Can be found on real estate property tax bill and/or receipt Number)

Property Address _____

Owner Of Record _____ (As recorded in the Recorder of Deeds' office)

PRIMARY TAX PAYER DETAILS

(To Simplify Identification verification, it is recommended that the details entered here match the details in the state issued id)

Ownership Individual Joint Other Entity

Organization _____ (To be mentioned in case of "Other Entity")

First Name _____ **Last Name** _____

If "Joint" Ownership:

a. Please mention the Primary Tax Payer First & Last Name.

b. Ensure the Primary Tax Payer is listed on the deed and meets the age restriction requirement. The order of names on the deed is irrelevant.

If "Other Entity" Ownership:

a. Please mention the Authorized Legal Representative Name.

b. Make sure the Person is clearly mentioned on the "Trust/Operating Agreement".

Email _____ **Phone Number** _____

Date Of Birth ____/____/____ (mm/dd/yyyy) **Mailing Address** _____

City _____ **State** _____

Zip _____

MODIFICATION REQUEST

(If you an existing Tax Payer, you can mention changes in details for the primary Tax Payer in this section)

Email _____ **Phone Number** _____

Mailing Address _____ **City** _____

State _____ **Zip** _____

ADDITIONAL TAX PAYER DETAILS

(In Case of Joint/Other Entity ownership please mention the additional Tax Payer in the below provided area)

ADDITIONAL TAX PAYER 1

First Name _____ Last Name _____
 Email _____ Phone Number _____
 Date Of Birth ____/____/____ (mm/dd/yyyy)

If you an existing Tax Payer, you can mention the changes for the additional Tax Payer below

NOTES

(Please mention any general notes you would like to add which is not covered as a part of the form)

DOCUMENTS

Proof of Identity & Age (Mandatory)

Include one of the following: Government-issued identification, such as, Driver's License, Birth Certificate, Passport, etc.

Proof of Missouri Residency (Mandatory)

Include one of the following: Driver's License, Voter Registration Card, state-issued nondriver identification, etc.

Proof of Ownership Deed Book _____ Page _____ (Mandatory)

Proof of Ownership Deed OR include a copy of deed identifying Applicant as an owner of the Property, or a written instrument showing applicant has legal or equitable interest in the Property.

Proof of Compliance for Payment of Taxes - Must be current on all taxes to receive credit

Verified all taxes are current and in good standing.

Current Tax Receipt For Parcel (Mandatory)

Proof of Taxes Paid on the parcel for Current or Previous Year

Proof of Other Entity

Trust Agreement Operating Agreement

(In Case Of "Other Entity" Ownership type, please attach a copy of "Trust Agreement" / "Operating Agreement" with the filled application form)

CERTIFICATION

1. I have read the statements and questions included in this application and understand them and certify that all responses are true and accurate.
2. I am claiming only one property as a homestead for purposes of a Senior Citizen Property Tax Credit in Missouri, and I do not claim real property anywhere else in the United States of America as a primary residence.
3. I understand the County will materially rely on the information in the application. I further certify:
 1. I am an owner of record of the homestead for which I am seeking a Senior Citizen Property Tax Credit, or I have legal or equitable interest in such property by written instrument
 2. I am liable for the payment of real property on such homestead and am not delinquent on such taxes.
 3. I occupy such a homestead as my primary residence for which I am seeking a Senior Citizen Property Tax Credit.
4. **I understand I may be charged with a Class B misdemeanor as stated in RSMo 575.060, if any information submitted in this application is found to be a false declaration. I am not aware of any information which would prohibit or disqualify me from receiving the tax credit for the homestead in this application.**

SIGNATURE

Tax Payer Signature: _____ Date: _____

Tax Payer Signature: _____ Date: _____

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

OFFICE USE

Signature: _____	Date: _____
Presiding Commissioner	
Signature: _____	Date: _____
1st, District Commissioner	
Signature: _____	Date: _____
2nd, District Commissioner	

TAX PAYER INSTRUCTIONS

RETURN APPLICATION TO THE SHANNON COUNTY COLLECTOR'S OFFICE

IN-PERSON: 18529 MAIN STREET EMINENCE, MO 65466

MAIL: P.O. BOX 459 EMINENCE, MO 65466

E-MAIL: TAXRELIEF@SHANNONCOUNTY.GOV

NOTE: 2nd signature required when two applicants apply for the same property.

Notary NOT required for applicants submitting online.

Deadline:

- May 31st, 2026
 - Your application must be notarized if you are NOT applying in person! No exceptions.

For questions or additional information, please feel free to contact us at:

573-226-3416 EXT 4