



**CARIBOU COUNTY ASSESSOR'S OFFICE**  
 159 S Main  
 Soda Springs, ID 83276  
 Phone: (208) 547-4749

**HOMEOWNER'S EXEMPTION FORM**

<p><b>Office use only</b>          Received _____          Employee Initial _____            Parcel # _____</p>
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Please complete all applicable fields. **\* Items are now required per Idaho Code 63-602G**

\* Owner(s) Name Applying (Please Print): \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_ \* Driver's License # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address or Location of Property: \_\_\_\_\_

\* Previous Address: \_\_\_\_\_  Rent  Owned  Other

Date First Occupied New Home: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase Price (optional): \_\_\_\_\_ Purchase Date: \_\_\_\_\_

How is the home occupied:  Single Family  Duplex  Triplex  Condo  Manufactured Home

**To determine if this is your primary residence and that you qualify for this exemption, please answer the following:**

Is this your primary residence?  Yes  No

Are your vehicles registered in Idaho?  Yes  No

Are you registered to vote in Idaho?  Yes  No

If yes, what county? \_\_\_\_\_

-Is this property held by a **trust**? (Other than a deed of trust) If yes, a Trust Affidavit is required to obtain exemption along with a copy of the trust.

-Is this property held by a **Limited Partnership, Limited Liability Company, or Corporation**? If yes, an Affidavit Regarding Limited Partnership, Limited Liability Company, or Corporation is required to obtain a full exemption. Along with the documentation listing that you are at least a 5% shareholder, member, or partner in the corporation.

**IF ADDITIONAL PAPERWORK IS REQUIRED, FORMS ARE AVAILABLE BY MAIL, EMAIL, OR IN PERSON AT OUR OFFICE.**

Under penalty of perjury, **I certify** that I am the owner, or am purchasing, and occupy as my primary place of dwelling, the residential improvement and the land herein described. I have not made application for the exemption on any other residential improvements in the state of Idaho.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_