HOME OWNER'S EXEMPTION FORM

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

For Office Use Only -
Date Received _____ Employee Initial _____

Please complete all applicable fields. * ***Items that are required***

*Primary Owner's Name Applying (Please Print): _____

*Date of Birth: _____ *Idaho Driver's License #: _____

Secondary Owner's Name Applying (Please Print): _____

*Date of Birth: _____ *Idaho Driver's License #: _____

*Phone Number(s): _____ Email(s): _____

Parcel #: _____ Instrument #(s): _____

*Physical Address or Location of Property: _____

Purchase Date: _____ Date New Home Occupied: _____ Purchase Price (optional): _____

Mailing Address: _____

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

*Previous Address: _____

*Was your previous address: □ Rented □ Owned □ Other -_____

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 Idaho 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: _____