

Shoshone County
SALES VERIFICATION / HOMEOWNERS EXEMPTION

Inst # _____

Owner(s): _____

Address: _____

Parcel No: _____ Physical Address: _____

Sale Price: _____ Sale Date: _____

Previous Owner: _____ Date Occupied: _____

If furniture, fixtures, etc. were included in total price, please estimate the value and list the items:

Value \$ _____ Items: _____

Was a manufactured home included as part of the sale? _____ Yes _____ No Value \$ _____

If the property was rented at the time of the sale, what was the rental amount? Monthly \$ _____

Remarks and conditions of the sale: _____

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

Is this your primary residence? _____ Yes _____ No

Do you have an Idaho Drivers License? _____ Yes _____ No

Do you file a **full year residency** Idaho Income Tax return? _____

If no, please provide explanation: _____

What is the address of your previous residence? _____

Have you been receiving this exemption in another county in Idaho? _____ If yes, where? _____

If your property is titled in one of the following scenarios, we will also need the following additional documentation:

1. **More than one owner:** need signatures of all owners living in the dwelling as their primary residence.
2. **Trust:** need enclosed affidavit filled out and notarized along with a copy of the front page, signature page and page listing the **beneficiaries** of the Trust (one showing who receives the income of the Trust not the trustees).
3. **Limited Partnership, Limited Liability Company, or Corporation:** need enclosed affidavit filled out and notarized along with the required documentation listing that you are at least a 5% shareholder, member or partner in the corporation.

I certify that I am the owner(s) and that I occupy as my primary dwelling place the property herein described. To the best of my knowledge and belief, and under the penalty of perjury, the information I have provided herein is true and correct. I understand that failure to comply with all requirements on or before April 15th will result in denial of this application for this year. I also understand this information may be verified with the State Tax Commission.

Signature: _____ Phone: _____ Date: _____

Signature: _____ Phone: _____ Date: _____

Signature: _____ Phone: _____ Date: _____

Signature: _____ Phone: _____ Date: _____

This Application must be returned to the Assessor's office or postmarked no later than April 15th of the tax year you are applying for.

Shoshone County Assessor
700 Bank St., Suite 100
Wallace, ID 83873
(208)752-1202