

Shoshone County
SALES VERIFICATION / HOMEOWNERS EXEMPTION

Owner(s): _____ Inst # _____

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 Driver's 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 before any applicable statutory deadlines 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: _____

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