

Shoshone County
SALES VERIFICATION / HOMEOWNERS EXEMPTION

Date: _____
Inst # _____

Owner(s): _____

Mailing: _____

Parcel No: _____

Physical Address: _____

Sale Price: _____

Sale Date: _____

Previous Owner: _____

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

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 Date Occupied: _____

Do you have an Idaho Driver's License? ____ Yes ____ No Verified (official use): _____

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.

Please provide contact information even if you are not applying for the Homeowners Exemption.

Signature: _____ Phone: _____ Date: _____

Email: _____

Signature: _____ Phone: _____ Date: _____

Email: _____

Shoshone County Assessor
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Wallace, ID 83873
(208)752-1202