Property Type & Parcel Number:

# Application for Owner-Occupied Residential Improvement Exemption

Idaho Code Sec. 63-317, 63-602G and 63-602Z

This Box Is For Data Processing Use

Clark County Assessor
P O Box 7, Dubois, ID 83423
Telephone: 208-374-5404 FAX: 208-374-5407

**PLEASE PRINT CLEARLY**

| | |
|---|---|
| Owner's name(s): | Property address: (If different than mailing address) |
| Complete mailing address (house #, street, city, zip): | Previous address (must include COUNTY name): |
| Home phone: / Work phone: | Date: |

This residential dwelling is an owner-occupied:

Single family
- ☐ Manufactured
- ☐ Conventional
- ☐ Townhouse

Multi-family
- ☐ Duplex, Triplex or Fourplex
- ☐ Condominium

Commercial
- ☐ Commercial building with living quarters

1. Date of purchase? ..... _____
2. Purchase price? (voluntary) ..... $_____
3. Date you first occupied this residence? ..... _____
4. Are you the first occupant of this dwelling? ..... ☐ YES ☐ NO
5. Is there more than one dwelling on this property? ..... ☐ YES ☐ NO
6. If yes, which is the primary residence? ..... _____
7. Did you have this exemption at your previous address? ..... ☐ YES ☐ NO
8. Is the property in your name only? ..... ☐ YES ☐ NO
   If no: a. Is the other owner your spouse? ..... ☐ YES ☐ NO
   b. List names of all owners not listed above ..... _____

**APPLICATION STATUS:**
I understand that this application will not be valid or approved until the following is provided to the county by April 15:
- ☐ Address Change
- ☐ Drivers License copy
- ☐ _____
- ☐ _____

Applicant Must Initial: _____
or mark here if not applicable: ☐

I certify that I am the owner, or am purchasing under contract, 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 fully with all requirements on or before April 15th may result in denial of this application and require me to complete a new application for future year(s).

_____ Owner's Signature

_____ Co-Owner's Signature

**For County Use Only**

| | |
|---|---|
| Date received:<br><br>Deputy assessor's signature:<br><br>Receipt provided to owner? ☐ YES ☐ NO | Legal description of property:<br><br>Applicant qualifies for (PENDING APPROVAL):<br>Occupancy tax exemption for tax year: _____<br>Residential improvement exemption for tax year: _____ |
| **Assessor's Action**<br><br>___Approved at ____% by _____<br><br>___Disallowed by _____<br>Notes: | Disallowed reason:<br>☐ Mailing and property addresses different.<br>☐ No residential improvements on this parcel.<br>☐ Parcel not in this applicant's name.<br>☐ Property has been sold.<br>☐ Has HO on Parcel No. _____<br>Other:<br>☐ Remove HO from previously owned parcel<br>Parcel No. _____ |