

**COUNTY OF BROWN  
 APPLICATION FOR HOMESTEAD CLASSIFICATION  
 FOR FARMS OCCUPIED BY QUALIFYING SON OR DAUGHTER  
 AND ALSO FATHER & MOTHER (EFFECTIVE 1994 ASSESSMENT)  
 AND GRANDCHILDREN (EFFECTIVE 2000 ASSESSMENT)**

Street Address or Rural Route of Property	City of Town	Zip Code	Date Occupied by Qualifying Relative
Legal Description of the Property (from the deed or contract)		Parcel ID #:	
Owner is Minnesota Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>QUALIFYING RELATIVE OF OWNER</b>			
Qualifying adult relative who occupies the property as his or her primary residence must print his or her name and Social Security Number below, list his or her relationship to the owner, and sign the application.			
Last, First and Middle Name of Qualifying Relative Occupant			Social Security Number
Signature of Qualifying Relative	Date	Relationship to Owner	
<b>OWNERS OF THE PROPERTY</b>			
All owners of this property must fill in this section and sign it. If you need space to list more owners, use an extra sheet and include it with this application.			
Last, First and Middle Name	Street Address	City or Town	State
Social Security Number	Relationship to Occupant	Owner's Signature	Date
Last, First and Middle Name	Street Address	City or Town	State
Social Security Number	Relationship to Occupant	Owner's Signature	Date
Is any owner receiving agricultural homestead anywhere else in Brown County or Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, where? _____			
Is this the only agricultural homestead you have made application for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>IF YOU SELL THIS PROPERTY, OR IF YOUR SON OR DAUGHTER CHANGES THEIR RESIDENCE, STATE LAW REQUIRES YOU TO NOTIFY YOUR COUNTY ASSESSOR WITHIN 30 DAYS.</b>			

PLEASE RETURN THIS FORM NO LATER THAN DECEMBER 15 TO:

BROWN COUNTY ASSESSOR  
 PO BOX 248  
 NEW ULM, MN 56073