

APPLICATION FOR HOMESTEAD:

APPLICANT NAME: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

PROPERTY ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREVIOUS HOMESTEAD IN MN: \_\_\_\_\_

STATUS OF HOMESTEAD: \_\_\_\_\_

DID PREVIOUS OWNER OCCUPY THIS PROPERTY JAN. 1 OF CURRENT YEAR? YES NO

DATE OWNED: \_\_\_\_\_

DATE OCCUPIED: \_\_\_\_\_

IS THIS PROPERTY ADDRESS THE SAME AS THE HOMESTEAD: YES NO

SEND BY MAIL TO: ELLEN TRANCHEFF  
4293 ARROWHEAD PT RD  
TOWER, MN 55790

OR SCAN AND SEND TO MY EMAIL: [ellent@frontiernet.net](mailto:ellent@frontiernet.net)

If you have any questions or need assistance filling this out, please feel free to contact me.  
Ph: 218-780-6319