

**Bear Chaney
Benton County Assessor's Office**

**215 E. Central Ave.
Bentonville, AR 72712**

Phone: 479-271-1037 or 1-888-267-7337
Fax: 479-271-1073

Name: _____

Address: _____

Parcel Number: _____
School District: _____ Acres: _____
Subdivision: _____
Lot: _____ Block: _____
Section: _____ Township: _____ Range: _____
Site Address: _____

Homestead Tax Credit/Amendment 79 Benefit Registration

In accordance with Amendment 79 of the Arkansas Constitution, homeowners may be eligible for up to a \$350 real estate tax credit on their homestead property. Additional benefits may apply to those who are 100% disabled or age 65 or older (the taxable assessed value on your house and associated land may not increase unless you make substantial improvements). **A homestead is a residential property of which you are the owner of record and which is used as your principal place of residence (owner occupied).**

Per Arkansas Statue 26-26-1119, "No property owner shall claim more than one (1) homestead property tax credit."

By answering the following questions and returning this form to the Benton County Assessor's Office, we will be able to determine if you are eligible for the credit and/or additional benefits.

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1. ___ I am the owner of record of the property listed above, which is my principal place of residence as of YEAR ____.
 2. ___ Either I or a joint owner is 100% disabled. (Provide verification of receipt of permanent and total disability benefits)
 3. ___ Either I or a joint owner is 65 years of age or older. (Provide verification of age)
 4. ___ I have transferred ownership of this residence, but retained a life estate and reside at this property.
 5. ___ I am the owner of record of the property listed above, but I reside in a nursing home.
 6. ___ Do you currently have a homestead elsewhere?

Please Read Before Signing

**Acquiring this tax credit under false statements will result in a penalty in the amount of the tax credit, and a penalty of the same amount will be charged for each year the credit was unlawfully claimed.
Arkansas Statute 26-26-1119 (Prohibited Conduct – Penalties –Time Limitations)**

Date: _____

Phone Number: _____

Print Name: _____ Signature: _____ Birth date ___/___/___

Print Name: _____ Signature: _____ Birth date ___/___/___

**If you are mailing this form to the Assessor's office and you checked number 2 or 3 you must
INCLUDE VERIFICATION OF ELIGIBILITY**

Verification of age copy of either: Valid Arkansas Driver's License, Arkansas ID or Birth Certificate.

Verification of Disability copy of either: Medicare card or awards letter from the Social Security Administration.