

Special Homestead Classification for the Blind

Applications are due before October 1. Read instructions before completing.

Your first name and initial	Last name	Social Security number
Address (cannot be a P.O. box number)		Date of birth
City	State Zip code	County
Property ID number or plat and parcel number (from property tax statement)		

I have owned this property since: month: year:	I have lived in this property since: month: year:
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Check if:

<input type="checkbox"/> Property is a mobile home	<input type="checkbox"/> Home is owned by a relative. Fill in your relationship to the owner _____
<input type="checkbox"/> This is a change of address	

Check one:

I own this property with:

<input type="checkbox"/> No one else	<input type="checkbox"/> One other person (who is not my spouse)
<input type="checkbox"/> My spouse only	<input type="checkbox"/> Others (not including my spouse)
<input type="checkbox"/> My spouse and others	

Sign here

I declare that all information on this form is true, correct and complete to the best of my knowledge and belief. I authorize the Department of Revenue to notify my assessor of the approval or denial of this application.

Signature of applicant	Date	Daytime phone
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Mail application and required attachments to:
Minnesota Revenue, Mail Station 3340, St. Paul, MN 55146-3340

To be completed by Department of Revenue

<input type="checkbox"/> Applicant certified legally blind	<input type="checkbox"/> DENIED – Applicant not legally blind
	<input type="checkbox"/> DENIED – Applicant did not submit eye report

Instructions for Form PE13

Who is eligible

You may qualify to receive a decrease in property taxes if:

- you are certified legally blind, and
- your eye doctor has signed and provided you with a letter or current eye report stating that you are legally blind.

Legally blind is having 20/200 vision in the best eye or worse, or field cuts of less than 20 percent in the best eye. This determination must be made by an eye doctor.

Relative homesteads

Minnesota law allows homestead status for a home occupied by a relative of the owner, if certain qualifications are met. To apply, complete an application provided by the county and have it approved by the county assessor where the home is located. (A relative is a parent, stepparent, child, stepchild, grandparent, grandchild, sibling, aunt, uncle, niece or nephew. This relationship may be by blood or marriage.)

To qualify for the special classification for the blind on a relative homestead, the relative living in the home must be the qualifying person who is legally blind. If the blind relative dies, the department must be notified of the death. Send a letter, including the date of death, to the address at the bottom of Form PE13.

How to apply

To apply for special homestead status for the blind, complete Form PE13. Mail the application with the required attachments (see below) to the address provided at the bottom of the form. Applications must be received prior to October 1 to apply for taxes payable the next year.

You'll be notified of your eligibility within four to six weeks after we receive your application. Once you are approved, you will remain in the program as long as you own your home. If you move, you must complete a new application.

Note: Signing Form PE13 may result in loss of your Minnesota driver's license.

Required attachments

You must include a copy of a letter or current eye report signed by your eye doctor stating that you are legally blind. The letter or report must include diagnosis, acuity and the onset date of your legal blindness. The onset date is important in determining your eligibility date.

The department is not authorized to pay for any eye exam or copy charges that your doctor may charge.

Use of information

All information on this form is private and is required by state law (M.S. 273.1315).

Your Social Security number is required by M.S. 270C.306. We ask for the information to properly identify you and determine if you qualify for the special homestead classification. If you don't provide the required information, your application may be delayed or denied.

Also according to state law, the department may share some or all of the information, including your Social Security number, with:

- Minnesota state or county agencies or courts to which you owe money or from which you claim assistance,
- a local assessor for purposes of determining whether homestead benefits have been claimed appropriately,
- the Legislative Auditor for purposes of auditing the Department of Revenue or a legislative program,
- the Minnesota Department of Veterans Affairs, for purposes of locating veterans and notifying them of health hazards they were exposed to as a result of service in the armed forces, and of potential benefits to which they, their dependents or survivors may be entitled.

Questions?

Call 651-556-6087. TTY: Call 711 for Minnesota Relay. We'll provide this information in other formats upon request.