



**Application for Property Tax Relief (K.S.A 79-1613)**

Owner's name \_\_\_\_\_ Telephone number(s) \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Location and Description of Damaged or Destroyed Property**

Location of property (if different from above) \_\_\_\_\_

Was the property your primary residence at the time of the damage/disaster?  Yes  No

Is any part of the property leased to another party?  Yes  No

If yes, please describe: \_\_\_\_\_

Date of disaster \_\_\_\_\_ Description of property (house, manufactured home, duplex, etc.) \_\_\_\_\_

Type of disaster:

Earthquake  Flood  Tornado  Fire  Storm  Other: \_\_\_\_\_

If there was water damage, was it caused by groundwater entering through the foundation?  Yes  No

Describe the damage below:

Do you own a new homestead in Sedgwick County?  Yes  No

If yes, please list the address: \_\_\_\_\_

**Declaration**

*The undersigned declares that the statements made herein are for the express purpose of applying for property tax relief pursuant to K.S.A.79-1613 and are to the best of my/our knowledge and belief true and correct. The applicant understands that any additional information required in support of this application must be supplied before adequate consideration can be given. The applicant consents to Sedgwick County making inquiries of such persons, firms or corporations, as the County deems necessary in order to reach a decision on this application. Applicant will be notified in writing of the County's preliminary staff findings and expected date for Board of County Commissioners consideration. Application must be completed in its entirety to be valid.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR CLERK'S USE ONLY

PIN# \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_