

Zach Johnson  
Sebastian County Assessor  
35 S. Sixth Street  
Fort Smith, AR 72901  
Phone: 479-784-1516 Fax: 479-784-1529

Parcel	SchoolDist	
Lot	Block	Acres

PLEASE ANSWER ALL QUESTIONS WITH A "Y" FOR YES  
AND "N" FOR NO

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

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 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? Enter that address: \_\_\_\_\_
7. Previous Address: \_\_\_\_\_

**Please Read Before Signing  
Sign in Black or Blue Ink**

**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.**

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**

Notice Prepared On: 2/10/2017

**DO NOT FAX VERIFICATION**