

Pulaski County Assessor  
Janet Troutman Ward  
201 S. Broadway, Suite 310  
Little Rock, AR 72201

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Dear Property Owner,

In accordance with Amendment 79 of the Arkansas Constitution, property owners are eligible for up to a \$425 credit on real estate taxes applied to their homestead property. Additional benefits may apply to those who are 100% disabled, or age 65 or older. A homestead is a property of which you are the owner of record and is your principal place of residence.

Pulaski County is respectfully requesting your assistance to apply for any and all credits for which you may qualify. By answering the following questions and providing the required documentation, you will aid us in determining if you are eligible for credits and/or additional benefits.

Parcel Number _____
Lot _____
Block _____
Subdivision _____
Unplatted Legal Description _____ _____ _____ _____
Site Address _____ _____
Number of Improvements _____ RES

**Please place an X for each correct answer**

1. \_\_\_\_\_ I am the owner of record of the property listed in the box above, which is my principal place of residence. (Claiming more than one homestead will result in repayment of the credit received and a 100% penalty. If you currently receive the homestead credit on any property, that homestead must be removed before the homestead can be placed on this property.)

**If applicable, please provide the address of your PREVIOUS principal place of residence so that we may ensure that you are not penalized.**

**STREET ADDRESS (PREVIOUS HOMESTEAD PROPERTY)** \_\_\_\_\_

**CITY** \_\_\_\_\_

\_\_\_\_\_ I have sold my previous principal place of residence.

\_\_\_\_\_ I have retained ownership of the property, but it is no longer my principal place of residence.

2. \_\_\_\_\_ I am the owner of record of the property listed above, but it is NOT my principal place of residence.
3. \_\_\_\_\_ I have marked number 1 above, and I am 100% disabled. (You must provide documentation that you have been determined to be 100% disabled by the Social Security Administration or some other appropriate entity.)
4. \_\_\_\_\_ I have marked number 1 above, and either myself or a joint owner listed on the deed is 65 years of age (or older). (You must provide documentation of your birthdate, i.e., Driver's License OR Birth Certificate, etc.)
5. \_\_\_\_\_ I have sold this residence on escrow or land contract to: \_\_\_\_\_
6. \_\_\_\_\_ I have transferred ownership of this residence but retained a life estate.
7. \_\_\_\_\_ I am owner of record of the property listed above, but I reside in a nursing /retirement home.  
\_\_\_\_\_ This property IS being rented by another party.  
\_\_\_\_\_ This property IS NOT being rented by another party.
8. \_\_\_\_\_ I have deeded my property to a trust I have created, but it remains my primary residence.  
(Please provide relevant **trust** documents.) **\*\* Trust documentation listing applicant as creator of trust \*\***

**Please complete this questionnaire and return it (including documents) to the Pulaski County Assessor's Office.**

If you have any questions regarding this matter, please call the Assessor's Homestead staff at (501) 340-6190.

You may return this form by mail, fax (501) 340-8813, or email to: [homestead@pulaskicountyassessor.net](mailto:homestead@pulaskicountyassessor.net).

I hereby state on oath under penalty of perjury that the above information is true and correct to the best of my knowledge, information, and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sincerely,  
Janet Troutman Ward  
Pulaski County Assessor