

# 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:**

Property is a mobile home                       Home is owned by a relative. Fill in your relationship to the owner \_\_\_\_\_

**Check one:**

I own this property with:

No one else                       One other person (who is not my spouse)  
 My spouse only                       Others (not including my spouse)  
 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

<b>To be completed by Department of Revenue</b>	
<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

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## Who is eligible

You may qualify to receive a decrease in your property taxes if you meet the following criteria:

- You must be certified legally blind.
- You must be able to provide a letter or current eye report signed by your eye doctor stating that you are legally blind.

## Relative homesteads

Residential real estate that is occupied and used as a homestead by a legally blind relative of the property owner is treated as a homestead only to the extent it would be treated as a homestead if the owner lived there.

For purposes of this classification, a “relative” is a parent, stepparent, child, stepchild, grandparent, grandchild, sister, brother, aunt, uncle, niece or nephew. This relationship may be by blood or marriage.

If the blind relative dies, the Department of Revenue must be notified of the death. Send notification including date of death to the mailing address on this page.

## How to apply

Complete Form PE13 and attach the required documentation listed below. **Note:** Signing this application may result in loss of your Minnesota driver’s license.

Applications are due before October 1 each year 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 this program as long as you own your home. If you move, you must complete a new application.

## 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 of Revenue is not authorized to pay for an eye exam if needed or “copy charges” that your doctor may charge.

## Mailing address

Mail your completed application and letter or eye report to:

Minnesota Revenue  
Mail Station 3340  
St. Paul, MN 55146-3340

## Information and assistance

If you need additional information or assistance, call 651-556-6087. TTY: Call 711 for Minnesota Relay.

We’ll provide this information in other formats upon request.