



# Jackson County Missouri

Jackson County Courthouse  
415 E. 12th Street, 2nd floor  
Kansas City, Missouri  
64106  
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## Request for Legislative Action

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**File #: 25-320, Version: 0**

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**REQUESTED MEETING DATE:** Select Date

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*To be confirmed by County Counselor's Office:*

Ordinance No. 6005

Sponsor: DaRon McGee

Date: August 4, 2025

**STAFF CONTACT:** Jamesia Manning **PHONE:** 816-881-3352

**EMAIL:** Enter Email Address

**DEPARTMENT:** County Counselor Office

**TITLE: AN ORDINANCE** repealing subsection 2066.7., of the Jackson County Code, 1984, relating to a senior tax credit, and enacting, in lieu thereof, one new subsection relating to the same subject.

**SUMMARY:** BE IT ORDAINED by the County Legislature of Jackson County, Missouri as follows:

Section A. Enacting Clause. Section 2066.7., Jackson County Code, 1984, are hereby repealed and one new subsection enacted in lieu thereof, to be known as section 2066.7., to read as follows:

2066.7 Establishment Of Application Process By Director of Collection. The Jackson County Director of Collection shall create an application process that will allow eligible taxpayers residing in Jackson County to request a tax credit beginning in tax year 2024. a. An application form shall be designed in such a way that it is easily understood by members of the general public, and shall request, at a minimum, the following information: 1. Taxpayer name; and 2. Proof of age; and 3. Proof of residency at Homestead address; and 4. Written proof of ownership or legal or equitable interest in the homestead property; and 5. An affirmation that the eligible taxpayer is not knowingly providing false information in support of the application. b. Eligible taxpayers will be required to timely submit

complete applications to the Department of Collection on or before August 31 of the year following their initial credit year. c. The application form shall be made available to the public electronically on the Collector's website, as well as in paper format.

**FINANCIAL IMPACT:****NO** ☐

Amount	Fund	Department	Line-Item Detail

**YES** ☐**ACTION NEEDED:** Choose an item.**ATTACHMENTS:**

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