



Jackson County Missouri

Jackson County Courthouse
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Kansas City, Missouri
64106
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Request for Legislative Action

File #: 25-252, Version: 0

REQUESTED MEETING DATE: Select Date

Ordinance No.: 5992

SPONSORS:

Sponsor: DaRon McGee

Date: June 30, 2025

DaRon McGee

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To be confirmed by County Counselor's Office:

STAFF CONTACT: Jamesia Manning **PHONE:** 816881-3352

EMAIL: Enter Email Address

DEPARTMENT: County Counselors 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 Section 2066.7., Jackson County Code, 1984, are hereby repealed and one new subsection enacted in lieu thereof, to be known as section 2066.7., to read as follows: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 [June 30th] August 31st 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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