

# Nebraska Homestead Application Copy Request

Name and Residence Address of Applicant		Authorized Mailing Address if different from Homestead Residence Address	
Name		Name	
Street or Other Mailing Address		Street or Other Mailing Address	
City	State ZIP Code	City	State ZIP Code
Email Address	Social Security Number	Parcel ID Number	
Year(s) of Application Requested	Homestead Residence County		

I hereby certify that I authorize the release of the application specified above, the income statement and the mailing of this information to the above address.

**sign here** ▶

_____ Signature of Applicant or Authorized Representative	_____ Title (if applicable)	_____ Date	_____ Phone Number
▶ _____ Department of Revenue Authorized Signature	_____ Title	_____ Date	_____ Phone Number

## Instructions

**Who Must File.** An Applicant or Authorized representative must complete Form 458AR to obtain a copy or transcript of any Homestead Application filed with the Nebraska Department of Revenue (DOR).

**Year(s) of Application.** Enter the filing year(s) of the Homestead Application requested.

An authorized representative must have a [power of attorney](#) on file with DOR before requesting Applicant information. A person who signs an application as authorized agent may request a copy of the application because this person is considered to have a power of attorney limited to the information contained on the application.

**Authorized Mailing Address.** Only complete the authorized mailing address section if the copy of the application requested should be mailed to an address different than that of the homestead residence address.

Mail this request to: **Nebraska Department of Revenue, PO Box 98919, Lincoln, NE 68509**