

Nebraska Homestead Exemption Application

• File this form and any required documents with your county assessor  
after February 1 and on or before June 30, 2025.

FORM 458  
**2025**

Most Categories Must File Annually For Exemption  
 \*\*Please see instructions on page 3.

RG

Please Type or Print

1. County **DODGE**

**Part A: Applicant Information**

2. Applicant's Name (Last, First, MI):  <b>WORLEY, MICHAEL J</b>	3. Applicant's Social Security Number (SSN)	4. Applicant's Date of Birth (Mo/Day/Year)  <b>09/20/1951</b>
5. Spouse's Name, if Applicable (Last, First, MI):  <b>WORLEY, LINDA J</b>	6. Spouse's Social Security Number (SSN)	7. Spouse's Date of Birth (Mo/Day/Year)  <b>11/13/1958</b>
8. Residence Street Address, Town, and Zip Code (No PO  <b>1658 E 1ST ST FREMONT, NE 68025</b>		
9. Mailing Address If Different Than Address Above:  <b>1658 E 1ST ST FREMONT, NE 68025</b>		
10. Email Address (if available):  <i>linda.worley@nebraska.gov</i>		
11. Applicant is a: <input checked="" type="checkbox"/> U.S. Citizen or <input type="checkbox"/> Qualified Alien Under the Federal Immigration and Nationality Act. If Qualified Alien, applicant's alien number is: _____		
12. Homestead Filing Status: Applicant is: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married or Living with Closely Related Relatives		
13. Does a child, parent, or sibling who is also an owner-occupant of the homestead residence live with the applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Is this application being completed on behalf of a deceased applicant who passed away after Jan. 1, 2025 and before June 30, 2025, whose estate is eligible for a homestead exemption due to a surviving spouse occupying the homestead residence during the year of the applicant's death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Applicant's Date of Death: <u>  </u> / <u>  </u> / <u>  </u>		
15. Did the applicant's spouse pass away on or between January 1, 2024 and December 31, 2024? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Spouse's Date of Death: <u>  </u> / <u>  </u> / <u>  </u>		
16. On December 31, 2024, was the applicant legally married? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**Part B: Other Owner-Occupant Information**

List Others (excluding a spouse) Who Own and Occupy The Residence (Attach list if Needed.)

- Nebraska Schedule I — Income Statement must be filed for each owner-occupant
- (DO NOT include applicant and spouse below.) \* Please attach additional information if needed.

Name	Relationship to Applicant	DoB (Mo/Day/Yr)	SSN

**Please Note:** Please ensure you have the **Form 458 Instructions** for more information on properly completing this application. A Schedule I is not required to be submitted for Categories #4V, 4S, #5 and #7.

**All Applicants:** If you have questions, please contact your local county assessor's office or the Property Assessment Division of the Nebraska Department of Revenue at 888-475-5101, visit [revenue.nebraska.gov/PAD](http://revenue.nebraska.gov/PAD), or scan the QR code to the right of these instructions.



>> Retain a copy for your records. Must Complete Both Sides <<

Select One:	Cat. #:	Part C: Homestead Exemption Category Descriptions: Please see 2025 Filing Requirements Chart for each category. **Past Applicants Please Note: Categories may have a new number. See instructions for requirements.**
X	1.	Individuals who are 65 years of age or older before January 1, 2025.
	2.	Veterans who served on active duty during a recognized war of the U.S. and who are totally disabled by a non-service-connected accident or illness <sup>1</sup> . Service Begin Date: _____ Service End Date: _____
	3.	Qualified Disabled Individuals who have: (a) a permanent physical disability and on or before January 1, 2025 have lost all mobility that precludes the ability to walk without the use of a mechanical aid or prosthesis, or (b) undergone amputation of both arms above the elbow, or (c) a permanent partial disability of both arms in excess of 75%.
	4V.	Disabled Veterans who are drawing compensation from the VA due to a 100% service-connected permanent disability that was certified on or before January 1, 2025.
	4S.	Unremarried surviving spouses or those spouses who remarried after the age of 57 years who are drawing compensation from the VA due to: (a) marriage to a deceased category #4V veteran <sup>1</sup> , (b) the death of any veteran who died because of a service-connected disability <sup>1</sup> or (c) the death of a serving spouse while on active duty.
	5.	Paraplegic or Multiple Amputee Veterans whose homestead is substantially contributed to by the Department of Veterans Affairs or the unremarried surviving spouse of such a veteran.
	6.	Individuals who have been certified on or before January 1, 2025 as having a developmental disability by the NE Department of Health and Human Services as defined in Neb. Rev. Stat. § 83-1205.
	7.	Veterans drawing compensation from the VA because of 100% service-connected temporary disability that was certified on or before January 1, 2025 or their unremarried surviving spouse or surviving spouse who remarries after the age of 57 years <sup>1</sup> .

<sup>1</sup>Veteran must have been discharged or otherwise separated with a characterization of honorable or general (under honorable conditions).

<b>Part D: Applicant and Homestead Information Questions</b>		<b>Yes</b>	<b>No</b>
1.	Does the applicant currently own this residence?	<input checked="" type="checkbox"/>	
2.	Does the applicant currently reside at this residence? * If yes, skip to question #4. If no, answer the questions in #3.	<input checked="" type="checkbox"/>	
3.	Is the applicant currently residing in a nursing home or other health care facility due to health reasons? If yes, answer #3a and #3b. If no, then skip to question #4.		<input checked="" type="checkbox"/>
	3a. Have the household furnishings been removed from the homestead residence?		<input checked="" type="checkbox"/>
	3b. Is the residence currently being leased or rented by another person?		<input checked="" type="checkbox"/>
4.	Is the homestead residence owned by a trust? If yes, please provide a copy of the trust.		<input checked="" type="checkbox"/>

Under penalties of law, I declare that I have examined this form and that it is, to the best of my knowledge and belief, true and correct. I also declare that I am entitled to the Nebraska homestead exemption and have not applied for a homestead exemption elsewhere in the state.

sign  
here

Signature of Applicant or Authorized Representative (required)

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Page Number: 57

For County Assessor's Use Only

**Homestead / Legal Description or Mobile Home Physical Description:**

HAI | SLOTS 11 & 12 BLK 47

Parcel ID Number <b>270029610</b>	Tax District Number	1	Current Assessed Value of the Homestead Property <b>227,290</b>
<input type="checkbox"/> County Approved (subject to income approval by the Department of Revenue)		Comments: _____	
<input type="checkbox"/> County Disapproved			

### County Supervisor

Signature of County Assessor Authorized by \_\_\_\_\_

**>> Retain a copy for your records**

**REC'D**  
 Authorized by Reg. No. 50-295-2009 Rev. 11-2023  
 Form No. 30-295-2005 Rev. 1-2025  
 Superseded 50-295-2009 Rev. 11-2023  
**AUG 13 2025**  
**DODGE CO ASSESSOR**

## Notice of Rejection of Homestead Exemption

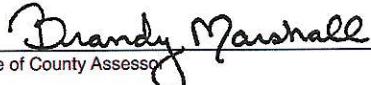
Name WORLEY, MICHAEL J & LINDA J	Tax Year 2025		
Address 1658 E 1ST ST			
City or Town FREMONT	State NE	Zip Code 68025	County DODGE
Legal Description HALLS LOTS 11 & 12 BLK 47 270029610			

Your homestead exemption application for the real property described above has been rejected.

Reason for Rejection:

<input type="checkbox"/> Application is incomplete.	<input type="checkbox"/> Value of the property exceeds maximum residential value for county.
<input type="checkbox"/> Application does not include adequate documentation to meet disability requirements.	<input type="checkbox"/> Applicant does not meet age requirements.
<input checked="" type="checkbox"/> Application was not timely filed.	<input type="checkbox"/> Applicant does not own home.
<input type="checkbox"/> Application does not include adequate documentation for late filing.	<input type="checkbox"/> Applicant does not occupy home.
	<input type="checkbox"/> Other

**FILED 8-13-25, WHICH IS PAST THE JUNE 30  
FILING DEADLINE**

  
Signature of County Assessor \_\_\_\_\_ Date 8-13-25 Phone Number 402-727-3915

If you disagree with this notice, you may request a hearing with the county board of equalization by filing a written complaint with the county clerk within 30 days of receipt of this notice. A written complaint must include the reasons you believe the rejection is in error and a copy of this Form 458R. If you are dissatisfied with the county board of equalization decision, you have the right to appeal the board's decision to the Tax Equalization and Review Commission within 30 days after the decision. Homestead Exemption Applications approved by the county board of equalization are subject to review by the Tax Commissioner.

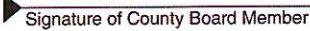
This Form 458R cannot be used to protest the value of the property. The value of the property should have been protested between June 1 and June 30 of the current year.

This notice must be mailed within ten days after the county assessor's decision to reject the application.

**For County Board of Equalization Use Only**

<input type="checkbox"/> Homestead Exemption Application Approved – Provide Reason(s)	Comments:
<input type="checkbox"/> Homestead Exemption Application Denied – Provide Reason(s)	

I declare to the best of my knowledge and belief, the determination made by the County Board of Equalization (Board) is correct pursuant to the laws of the State of Nebraska.

  
Signature of County Board Member \_\_\_\_\_ Date \_\_\_\_\_

**County Clerk: A legible copy of this form showing the final Board decision must be mailed to the applicant within seven days of the Board's decision.**

**Retain a copy for your records.**

**For more information, please see:  
[revenue.nebraska.gov/PAD/homestead-exemption](http://revenue.nebraska.gov/PAD/homestead-exemption)**

Dear to whom it may concern,  
This letter is not as a disagreement  
with the decision denied as we understand  
that the application was received by you  
late.

We are sincerely sorry for this.

We are guardians of our grandkids and our  
grandson has mental disabilities, we asked  
for his removal and the DHHS was  
involved; We did not realize how  
horrible it became to have him <sup>get</sup> return-  
ed home! To make a very long story  
not so long - we had the application  
for the Homestead Exemption →

Sorry for our mistake and  
pray that this can in some way  
be taken care of.

Thank you for your time to  
read this.

Mike + Linda Worley

1658 E. 15<sup>th</sup> 37R

Fremont Ne 68025

402- 517- 8923

P.S. I realize the first time I applied  
I was a little late - I needed to get help  
because I was confused with some questions.

We understand how important it is to  
get this paperwork filled out and turned in  
now! We had it ready to go but it was

accidentally put in with our grandson's paper-  
work - that was horrible - There was  
constant evaluation appointments, case workers,  
Court appearances, We were STRESSED.  
Things are way better as of now & hopefully we can get  
this matter fixed - Please